

Relocation Reimbursement Form

Name _____ Department _____

Position _____ Start Date _____ SS# _____

Relocating From _____

Mail check to: _____

Packing and Movement of Household Goods

Packing Cost: \$ _____

Transfer Cost: \$ _____

Mileage for Personal Travel (*new employee, spouse, children*)

of miles _____ x .23 = \$ _____

Lodging Expenses (while traveling)

Date _____ Hotel/Motel Name _____ \$ _____

Date _____ Hotel/Motel Name _____ \$ _____

Date _____ Hotel/Motel Name _____ \$ _____

Total-All Expenses \$ _____

RECEIPTS MUST BE ATTACHED FOR ALL SUBMITTED EXPENSES!

Employee Signature _____ Date _____

Department Approval _____ Date _____

Administrative Approval _____ Date _____

After all signatures are provided, forward form to Human Resources, MS #1742

For Business Office Use

Reimbursement:	100% of first \$500	\$ _____
	50% of next \$1,000	\$ _____
	25% of additional expenses	\$ _____

Total Reimbursement \$ _____

Account number to be charged _____