

2004 MOVING EXPENSE SUMMARY

Note: Attach a copy of the employment letter that indicates the terms of the reimbursement. ATTACH ALL ORIGINAL RECEIPTS to substantiate all expenses. Please return completed form and all receipts to the Human Resources Department. Please call 512-863-1435 or e-mail calvinj@southwestern.edu in the Human Resources Department if you have questions regarding the completion of this form.

Department:			
Employee Name: SSN:			
Date of Move:/ Number of Household Members (including employee):			
Former Residence City/State: New Residence City/State:			
Line	Taxable Expenses		Amount
	Pre-Move Househunting (includes travel,		Amount
, '	lodging, meals, etc.)		
2	Temporary Housing		
3	Travel -Mileage @ 37.5 cents per mile	# miles:	
4	Meals	•	
5	Storage > 30 days	From: / / To: / /	
6	Other, please specify		
	Sub Total Taxable Expenses		
	Non Taxable Expenses		
7	Transportation -Common Carrier		
8	Transportation-Non Common Carrier (Example: U-haul)		
9	Packing, Shipping		
10	Moving Supplies		
11	Storage < 30 days	From: / / To: / /	
12	Travel from Former Home to New Home - Mileage @ 37.5 cents per mile	# miles:	
13	Airfare for Employee and Household members to new home		
14	Lodging in route to new home		
15	Other, please specify		
	Sub Total Non Taxable Expenses		
	Grand Total Reimbursed Moving Expenses		
I certify that the expenses listed above were incurred by me as a result of moving and relocating my primary residence.			
Employee Signature: Date:			
Human Resources Authorization: Date:			