

Moving Expense Reimbursement

Employee name	ID #	
Current Address		
Former Address		
Department	Campus address	
Distance test Distance 1 (Old residence to old Distance 2 (Old residence to new Distance 3 (Subtract Distance 1 f	place of employment)	miles miles miles*
NON-TAXABLE EXPENSES		Total
Moving Company Invoice Amount		
Self-Move - Truck Rental		
Self-Move - Independent Help		
Postage & Shipping Expenses		
Moving Supplies (tape, boxes, paper)		
Car Rental		
Gasoline Expenses- actual (rental truck	and/or personal automobi	le)
Storage		
Airfare		
Lodging		
Miscellaneous - (please explain)		
	Total Expens	es es
	Total Expens	

Employee signature ______Date_____