Moving Expense Reimbursement

Employee name_____ ID #_____

Current Address_____

Former Address_____

Department_____ Campus address_____

Distance test

Distance 1 (Old residence to old place of employment) _____ miles
Distance 2 (Old residence to new place of employment) _____ miles
Distance 3 (Subtract Distance 1 from Distance 2) _____ 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 automobile)	
Tolls/Fares	
Storage	
Airfare	
Lodging	
Miscellaneous - (please explain)	
Total Expenses	

Employee signature _____ *Date*_____