

Request for Reimbursement for Moving Expenses

Name _____ Date _____

Departure Date: _____ Arrival Date: _____ 1st Day at New Job: _____

Moved From: _____ To: _____
City/State City/State

Distance from former home to old job location? _____

Distance from former home to East Texas Baptist University? _____

Members of household included in move: _____

All items requested for reimbursement must have original receipts. Payments made to family members or friends are not qualified expenses.

ALLOWABLE EXPENSES

Cost of moving household goods:

Moving Company: _____

Truck/Trailer Rental: _____

Packing Supplies _____

Travel expenses:

(Must be reasonable. For example, the cost of traveling from your former home to your new one should be by the shortest, most direct route available by conventional transportation.)

Gasoline – attach sales receipts: _____

or

Mileage _____ miles @ twenty-three and one-half cents (\$.23.5 cents) per mile: _____

Lodging (may include one day prior to leaving old location and one day at new location): _____

Total allowable expenses _____

Total amount to be reimbursed _____

Account Title: _____ Requisition Number: _____

Account Number: _____ Employee: _____

Dept. Head: _____ VP of Dept.: _____