



# CAH Moving Expense Reimbursement Request

Name:

Date:

Employee ID:

Department:

Email:

Foreign National: (check applicable box)  YES  No

**\*\*if yes you must meet with Pablo Unda to fill out required international tax forms. Please be able to provide your US visa and passport used for entry to the USA. \*\***

**As a New/Existing employee of Clemson University, I incurred and claim for reimbursement the following expenses:**

*\*Please attach all receipts to receive reimbursement. Please review the following link for the Moving/Relocation expense policy and related procedure:*

<https://www.clemson.edu/finance/business-manual/as32pol.html>  
<https://www.clemson.edu/finance/business-manual/as32proc.html>

Relocation Dates:

Moving Expense Allowance Per Offer Letter (up to)

Lodging:

Meals (Per Diem Rates Apply):

Per Diem rates: In-state: \$6 Breakfast \$7 Lunch \$12 Dinner  
Out of State: \$7 Breakfast \$9 Lunch \$16 Dinner

Airfare:

Mileage:

Airport	<input type="text"/>	miles @	<input type="text"/>	<input type="text"/>
Automobile	<input type="text"/>	miles @	<input type="text"/>	<input type="text"/>

Rail:

Rental Car/Moving Truck:

Mover Service Cost:

Moving Supplies:

*\*boxes, tape, bubble wrap, etc.\**

Fuel:

Taxi:

**Total Amount:**

Other:

**Approved Amt:**

*\*Approved amt not to exceed moving expense allowance per offer letter.*

**Account to Charge:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account	Fund	Dept.	Program	Class	Project

**Required Signatures:**

Employee: \_\_\_\_\_ Date \_\_\_\_\_ Bus Office Liaison: \_\_\_\_\_ Date \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date \_\_\_\_\_

**Please submit completed form and all receipts for reimbursement to the CAH Business Office Liaison**