

## MOVING EXPENSE REIMBURSEMENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Email: \_\_\_\_\_

Foreign National: YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, you must meet with Pablo Unda to complete required international tax forms. You must be able to provide your US VISA and passport used for entry to the USA.*

Relocation Dates: \_\_\_\_\_ to \_\_\_\_\_

### I INCURRED AND CLAIM FOR REIMBURSEMENT THE FOLLOWING MOVING EXPENSES:

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Airfare: \_\_\_\_\_

Mileage for personal vehicle: \_\_\_\_\_ miles @ 0.21 \_\_\_\_\_

Rental Car: \_\_\_\_\_

Gas for rental car: \_\_\_\_\_

Moving service: \_\_\_\_\_

Moving supplies: \_\_\_\_\_

**Total:** \_\_\_\_\_

Chart String: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*The amount reflected in paychecks/direct deposits will be net after applicable withholdings for FICA, Federal and State taxes*

Please submit to Departmental Business Manager. All receipts must be attached to reimbursement form.

*Business Managers: please attach a copy of the Offer Letter and submit to the CBSHS Business Office.*