



Relocation Expense Reimbursement Request

Employee Name: _____

Contact/Mail Address: _____

Telephone: Cell _____ Office _____

Department _____ Job Title _____

Maximum Budget Allowed _____

Supervisor Approval Date

Expense Category	Payment to Employee	Payment to Third Party	QME HR USE	TME HR USE
Packing/Crating/Insurance				
Rental Truck/Car				
Commercial Moving Company				
In transit storage (30 day limit)				
Airfare (coach only)				
Auto Mileage(x IRS guidelines) or Gas Purchase				
Tolls and Parking Fees				
Lodging up to \$75 per night				
Total				

I certify the expenses listed were incurred by me as a result of my relocation from _____ to _____ which is a commuting distance greater than 50 miles one way than the commuting distance between my former residence and my former work location. I agree that in the event of voluntary separation or termination for cause, within the first year of employment I will repay the University all relocation costs unless the University waives repayment.

Employee Signature Date