

Alfred University Employee Moving Expense Reimbursement

Employee Name: _____ Employee ID #: _____

New Address: _____

Former Address: _____

Total Miles from Former Address to New Address: _____ Currency of Expenses (if other than US \$): _____

Attach ALL ORIGINAL INVOICES. Reimbursements will NOT be made without Invoice

TAXABLE EXPENSES: (Subject to tax withholding)

<i>Transportation of household goods</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Total:</i>
Moving Company Invoice Amount						-
Self Move - Amounts paid for truck						-
Packing & Shipping & Crating Fees						-
Gasoline for Rental Truck / Moving Van						-
Tolls & Parking Fees						-
Lodging Expense while en route to new location						-
Airfare						-
Storage						-
Mileage (personal vehicle) _____ OR ↓						-
Gasoline for Personal Vehicle if mileage reimbursement not claimed						-
Temporary Living Expenses						-
Meals & Incidentals						-
Other: (Please explain)						-
						-
						-

COMPLETE THIS FORM AND SEND TO HUMAN RESOURCES

FOAP to Charge _____

Supervisor Approval _____

HR Approval _____