



MOVING EXPENSE ITEMIZATION

Name _____
Date Submitted _____
Page _____ of _____
Moved from _____ to _____
City/State City/State

RECEIPT NO. ¹	NAME OF VENDOR/COMPANY	PURPOSE/ DESCRIPTION/ NUMBER OF MILES	AMOUNT	----- FOR OFFICE USE ONLY -----				
				Transport of Goods ²	Travel ³	Meals/ Other ⁴	Total Taxable	Total Nontaxable
TOTAL REIMBURSEMENT REQUESTED:								

Notes:

- 1. Please number your receipts in the upper right-hand corner to correspond with numbers in Column 1.
- 2. Transportation of Goods includes moving van, rental truck and gas for rental truck. All are non-taxable.
- 3. Travel includes hotel/airfare for relocation trip and mileage for personal vehicle. Mileage is reimbursed at 40½¢ per mile, 20¢ of which is taxable.
- 4. Meals are taxable as are all expenses for a house-hunting trip.

Return completed form with attached receipts to the Department of Human Resources, Campus Box 6108. Your check will be mailed to your campus box.