

**VALDOSTA STATE UNIVERSITY
EMPLOYEE MOVING EXPENSE REIMBURSEMENT FORM**

Submit completed form with receipts to the payroll office

Employee Name:

Department:

Email Address:

Telephone:

Cell Phone:

Other Phone:

Maximum Reimbursement Allowed:

Budget Account #1 (fund & dept):

Max Amt:

Budget Account #2 (fund & dept):

Max Amt:

Supervisor:

Date:

Budget Manager:

Date:

	Amount		Payment to Employee
Packing/Crating/Insurance			
Rental Truck (Self Move)			
Moving van line			
Airfare (Final trip)			
Gas or Mileage _____ (x.17)			
Tolls and parking fees			
Lodging up to 2 nights (No Meals) - \$100/nt max			
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 from my former residence and my new VSU work location.

I have attached all receipts and a copy of the offer letter.

Employee Signature:

Date: