

GT Human Resources RELOCATION MOVING EXPENSE REIMBURSEMENT REQUEST SUMMARY

Employee Name:		GT ID:
1 /		
Title:	Home Department:	
	T. C.	
	Summary of Expenses	
Type of Expense	Date(s) of action	Expense Amount
	Taxable Expenses	
House hunting — travel and lodging payments	•	
Temporary lodging		
Total Meal payments		
Subtotal Taxable Expenses		
	Non-Taxable Expenses	
Relocation by GT Contract Carrier (includes		
Relocation by employee (self-move)		
Travel from old residence to new residence		
Lodging en route to new residence		
Other:		
Subtotal Non-Taxable Expenses		
E	xpenses Not Covered By Relocation	on
<u> Type</u>	<u>Amount</u>	<u>Reason</u>
1.		
2.		
3.		
1. 2. 3. 4. 5.		
5. A		
7.		
8.		
9.		
10.		
Total		
Total expenses requested	Total Taxable + Total Non-Taxable + Expenses Not Covered =	
	2.100.1101.0010104	
Milegge based limit for research translat	_	
Mileage based limit for personal travel		
expense (PTE) reimbursement		
(\$20 per 100 miles driven; pro-rated)	Enter Miles Traveled	
Total Reimbursement		

Account Distribution:	Project Number:	Percentage:
Signature of requesting Department	Date	
or employee reimbursements, employee must sign		= -
unds and supports Institute business. I have not rec for any portion of the expense claimed."	eived nor will seek reimbursement t	rrom any other source
Employee Signature	Date	