

Relocation Reimbursement

This form is used to request relocation reimbursements for employees who were offered relocation assistance in their original offer letter. The reimbursements will be included in the employee's first on-cycle paycheck after the completed document has been received by Human Resources Payroll Department. This form must be attached to a copy of the completed Relocation Repayment Agreement and the receipts. All relocation reimbursements are taxable.

Employee & Move Information			
Employee ID/GTID		Last Name, First Name	
Department #		Department Name	
Date of Move	Move From	Move To	
Type of Expense	Date(s) of Action		Expense Amount
Relocation by Contract Carrier			
Relocation by employee (self-move)			
Mileage from old to new residence (incl. map)	Mileage		
Lodging en route to new residence			
Meals			
Other			
Total Amount of Reimbursement			
Notes			
Project Number(s)		Amount	
Total			

— Signatures Cont. On Next Page —

Signatures		
For employee reimbursement, employee must sign below: "I certify that purchases were made using personal funds and supports Institute business. I have not received nor will I seek reimbursement from any other source for any portion of the expense claimed."		
Employee Signature	Date	Repayment Agreement Signed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dept. Finance Name	Phone Number	
Dept. Finance Signature	Date	