



Reimbursement of Relocation Expenses Request Form

Employee Information

Date Submitted:		Banner ID:	
Employee's ID:		Employee's Position ID:	
Employee's First Name:		Employee's Last Name:	
Employee's Home Department:		Home Department ID:	
Employee's Title:		Employee's Phone Number:	
Spouse/Dependents (if applicable):		Employee's Hire Date:	

Relocation Information

Former Primary Residence		New Primary Residence	
Street:		Street:	
City, State, Zip:		City, State, Zip:	
Date Moving Agreement Signed:			
Maximum Reimbursement Allowed (Per Relocation & Moving Expense Agreement):			
Final Reimbursement Request:			
Date of Move:			
Requested Amount:			
Combo Code:			

Signatures & Approvals

I certify the expenses listed in this form were incurred by me for the purpose of personal relocation and moving at the request of the University and in accordance with the terms agreed upon in the Relocation and Moving Expense Agreement. **I also agree that I have read and fully understand all of the terms discussed on the Repayment Agreement disclosed by my University,** in the event of a termination within the specified time frame of my employment.

Employee Signature:		Date Signed:	
---------------------	--	--------------	--

The expenses shown on this voucher have been reviewed for accuracy and conformity with State of Georgia and University relocation reimbursement regulations and are considered to be reasonable and proper.

Department Head Signature:		Date Signed:	
Dean/Director Signature:		Date Signed:	
Budget Officer Signature:		Date Signed:	
Vice President Signature:		Date Signed:	
Financial Account Officer Signature:		Date Signed:	

Expenditures

Date of Trip – From:		Date of Trip – To:	
----------------------	--	--------------------	--

Travel Expenses:

Airfare (coach only):	
Meals:	
Lodging:	
Mileage or Fuel (please specify which):	
Rental Car:	
Tolls, Taxi, Shuttle Service, or Parking:	
Subtotal - Travel & Lodging:	

Transportation of Household Goods:

Common Carrier:			
Total Cost of Vendor Assisted Move:			
Vendor Name:		Vendor Contact:	
Self-Move (only if you didn't use a Common Carrier) Please Attach Receipts if Needed			
Vehicle Rental and Accessories:			
Packing Supplies:			
Fuel and Oil:			
Labor:			
Temporary Storage of Household Goods:			
Temporary Living Quarters:			
Subtotal – Transportation:			
Total Reimbursement:			