

To minimize the inconvenience and hardship for new Regular faculty, staff, and their families, the university may pay their moving and related expenses provided funds are available in the department office or college operating budgets. The policy applies only to individuals who are being employed for the first time and are required to relocate from their residences in other geographical areas to Albany, Georgia. Receipts are required for all reimbursable items with the exception of meals and local travel, which must be itemized. Mileage is reimbursed at the current IRS rate or gasoline receipts may be submitted.

Name _____ Employee ID Number _____
 Telephone No. _____ E-mail address _____
 Mailing Address _____
 Title _____ Hire Date _____ Posting No. _____
 (to be completed by the department)

Spouse/Partner (if applicable) _____ Paid ☐ Monthly ☐ Biweekly
 Dependent child (ren), name (s) and age (s) (if applicable) _____

Reason for completing form: ☐ Move ☐ House Hunting ☐ Temporary Housing (complete a separate form for each reason)

Albany State University will reimburse relocation expenses incurred for one trip (employee and family) from the old residence to the new residence. If reimbursement for house-hunting expenses is requested, one trip, not to exceed five days, will be reimbursed.

Day/Date	1/	2/	3/	4/	5/	Total
Shipping Household						
Moving Company						
Rental Truck						
UPS/Other						
U.S. Mail						
Travel Points	from _____ to _____					
Expenses						
Mileage or Gasoline						@ \$.55/m =
Personal Auto(s)						0.00
Rental Truck						
Tolls						
Airfare (Coach only)						
Rental Car (Economy only)						
Taxi/Limousine						
Parking						
Packing Supplies						
Other						
Lodging Follow current federal per them rates for city involved						
Personal telephone calls are not reimbursable						
Meals Maximum: current federal per diem rates. Alcoholic beverages and tips are not reimbursable						
Breakfast - 25% of the per them rate						
Lunch - 25% of the per them rate						
Dinner - 50% of the per them rate						

Additional Expenses (list each item and amount)

Charges for labor are to be receipted and cannot be reimbursed to members of the immediate family

TOTAL _____

Employee Signature _____

Department: Attach this form and original receipt(s) to a Relocation Check Request form and return to:
 Human Resources Management - 504 College Drive (ACAD 382-A) Albany, Georgia 31705