

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 Las		Last Name:		
Employee's Home Department:		Home Departme		rtment ID:		
Employee's Title:		Employee's Pho		Phone Number	er:	
# Spouse/Dependents (if applicable):			Employee's Hire Date:			
Relocation Info	rmation					
Former Primary Residence			New Primary Residence			
Street:			Street:			
City, State, Zip:			City, State, Zip:			
	1	Date Moving	Agreement Sign	ed:		
Maxim	num Reimbursemer	nt Allowed (Per Relocation & Movir	ng Expense Agreeme	ent):		
			Date of Mo	ove:		
			Requested Amou	unt:		
		Chart String (Fund-Department-	Program-Class-Proje	ect):		
		Combo Code (Provided	by Budget Offic	ce):		
Signatures & A	pprovals					
the University ar	nd in accordance wi I <mark>fully understand</mark>	orm were incurred by me for t th the terms agreed upon in t all of the terms discussed of specified time frame of my e	he Relocation an on the Repayme	nd Moving Exp	ense Agreem	ent. I also agree tha
Employee Signature:					ate Signed:	
		er have been reviewed for ac ns and are considered to be re			e of Georgia	and University
Official Approver Signature:					ate Signed:	
Dean/Director Signature (if applicable)):		Γ	ate Signed:	
Budget Manager Signature:					ate Signed:	
Office of Budget Services Signature		e:			ate Signed:	
Payroll Signature:					ate Signed:	
						

Expenditures								
Date of Trip – From:		Date of Trip – To:						
Travel Expenses:								
Airfare (coach only):								
			Meals:					
			Lodging:					
			Fuel:					
Mileage:								
Rental Car:								
Tolls, Taxi, Shuttle Service, or Parking:								
Subtotal - Travel & Lodging:								
	Total Cost o	f Self-Move:						
Total Cost of Vendor Assisted Move:								
Vendor Name:		Vendor Phone Number:						
Self-Move (o	nly if you didn't use a vendor) l	Please Attach Receipts if Need	ed					
Vehicle Rental and Accessories:								
Packing Supplies:								

Fuel and Oil:

Temporary Storage of Household Goods:

Temporary Living Quarters:

Subtotal - Self-Move:

Total Reimbursement:

Labor: