# Moving Expense Reimbursement Form

## Employee Name:  

## Department:  

<table>
<thead>
<tr>
<th>Date:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From City &amp; State:</td>
<td>To City &amp; State:</td>
</tr>
</tbody>
</table>

### Car Travel:

- **Mileage:**
  - x $.17 per mile

- **Parking**

- **Tolls**

- **Cost of air, rail, or bus fare**

- **Cost of packing, crating & shipping, etc. (provide details on page 2)**

- **Cost of hotel or motel**

- **Do-it-yourself moving costs such as truck rental, trailer, etc. (provide details on page 2)**

- **Other authorized expenses (provide details below):**

## Totals:

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage</td>
<td>x $.17 per mile</td>
</tr>
<tr>
<td>Parking</td>
<td></td>
</tr>
<tr>
<td>Tolls</td>
<td></td>
</tr>
<tr>
<td>Air Fare</td>
<td></td>
</tr>
<tr>
<td>Packing</td>
<td></td>
</tr>
<tr>
<td>Hotel</td>
<td></td>
</tr>
<tr>
<td>Do-it-yourself</td>
<td></td>
</tr>
<tr>
<td>Other Authorized Expenses</td>
<td></td>
</tr>
</tbody>
</table>

### Total expenses

- **Amount eligible for reimbursement (total expenses x .75)**

### Zone 1
- Enter lesser of $3,000 or amount of eligible total above (refer to zone list)

### Zone 2
- Enter lesser of $4,500 or amount of eligible total above (refer to zone list)

### Zone 3
- Enter lesser of $6,000 or amount of eligible total above (refer to zone list)

### Zone 4
- Enter lesser of $7,500 or amount of eligible total above (refer to zone list)

### Less amount advanced (if any)

### Total amount to be reimbursed

- **I certify that to the best of my knowledge this report is an accurate accounting of my moving expenses.**

- **Approved:**
  - ___YES
  - ___NO

- **Employee Signature:**
  - Date: 

- **Department Head Signature:**
  - Date: 

---

**DR: 10-1-21000060-60-524905**

*Please send completed form with all original receipts to Procurement Services for review and approval.*
# Western New England University
## Moving Expense Reimbursement Form
### 2020

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Department:</th>
</tr>
</thead>
</table>

Justifications/details from page one:

---

<table>
<thead>
<tr>
<th>Approved:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provost’s Signature  
Date

*Required for all Moving Reimbursement requests.*

<table>
<thead>
<tr>
<th>Approved:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*V. P. for Finance and Admin.*  
Date

*Required for Vice Pres. and Dean positions or policy exceptions only.*

---

**ONLY if requesting exception to policies, please provide explanation below:**

Reimbursement type:  
---

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Department Head Approval  
Title  
Date

*Please send completed form with all original receipts to Procurement Services for review and approval.*