

**Georgia Health Sciences University
REQUEST FOR REIMBURSEMENT OF RELOCATION EXPENSES**

EMPLOYEE INFORMATION

Employee Name _____

Title _____

Hiring Department _____

Hire Date _____

IRS DISTANCE TEST

Employee's Previous Residence _____

New Residence (if known) _____

Distance from Previous Residence to Previous Employer _____

Distance from Previous Residence to new Employer (MCG) _____

RELOCATION EXPENSE AUTHORIZATION

Maximum Reimbursement Authorized (per the REA) _____

Cumulative Amount of Prior Reimbursement Requests, if applicable _____

Remaining Maximum Reimbursable _____

Is This The Final Reimbursement Request? _____

Funding CFC (per the REA) _____

Fund - Department - Program - Class - Project

CERTIFICATION AND APPROVAL

I certify that the expenses listed below were incurred by me for the purpose of personal relocation in connection with my employment with the Medical College of Georgia and in accordance with the terms agreed upon in the Relocation and Moving Expense Agreement

Employee Signature and Date _____

I have reviewed the expenses shown on this reimbursement request and find them to be reasonable and appropriate and in conformity with both the Relocation and Moving Expense Agreement and with MCG's Relocation & Moving Expense Policy

Department Head Signature and Date _____

Check box for payment to a third party.

A separate request should be submitted for items reimbursable directly to the employee.

***Attach a copy of the Relocation Expense Authorization Form and Relocation and Moving Expense Agreement. Mail to the Payroll Office, HSB-122**

REQUEST FOR REIMBURSEMENT OF RELOCATION EXPENSES

QUALIFIED EXPENSES (Non-Taxable)

TRANSPORTATION OF HOUSEHOLD GOODS

Common Carrier \$ _____

Moving Truck Rental (for self-moves) \$ _____

Moving Truck Fuel (for self-moves) \$ _____

Insurance on Personal Possessions in Transit \$ _____

Labor to Pack and Move Personal Possessions (up to a maximum of \$500) \$ _____

Packing Supplies \$ _____

Temporary Storage (30 days or less) \$ _____

Subtotal - Transportation of Goods _____

TRAVEL TO NEW RESIDENCE (Final Move)

(If this is a Househunting/ Preliminary Trip, Complete the NonQualified Section Below)

Air or Train Fare: No. Passengers (Spouse & Dependents only)
 _____ x Airfare per Person \$ _____ \$ _____

Rental Car \$ _____

Rental Car Fuel \$ _____

Travel by Personal Vehicle: Miles _____ x Rate _____ \$ _____

Tolls, Parking, Shuttle Service \$ _____

Lodging: No. of Nights ____ x Average Rate / Night \$ _____ \$ _____

Subtotal - Travel _____

TOTAL QUALIFIED EXPENSES (acct 565100) _____

NONQUALIFIED EXPENSES (Taxable)

PRE-MOVE TRAVEL

Describe Purpose of Trip: _____

Air or Train Fare: No. Passengers (Spouse & Dependents only)
 _____ x Airfare per Person \$ _____ \$ _____

Rental Car \$ _____

Rental Car Fuel \$ _____

Travel by Personal Vehicle: Miles _____ x Rate \$ _____ \$ _____

Tolls, Parking, Shuttle Service \$ _____

Lodging: No. of Nights ____ x Average Rate / Night \$ _____ \$ _____

Subtotal - Travel _____

Temporary Storage (31 days to 6 months) \$ _____

Temporary Living Quarters (up to 6 months) \$ _____

MEALS: Breakfast: Qty _____ x Per Diem \$ _____ \$ _____

MEALS: Lunch: Qty _____ x Per Diem \$ _____ \$ _____

MEALS: Dinner: Qty _____ x Per Diem \$ _____ \$ _____

Subtotal - Meals & Misc _____

TOTAL NONQUALIFIED EXPENSES(acct 565101) _____

TOTAL OF THIS CLAIM _____