



FORT VALLEY STATE UNIVERSITY™

A State and Land-Grant Institution • University System of Georgia

Request for Reimbursement of Relocation Expenses

All requests for reimbursement of moving/relocation expenses must comply with the institution's Relocation Policy.

Note: Effective 1/1/18 reimbursements for moving expenses are taxable income for the employee.

Name _____ Employee ID _____

Job Title _____ Hire Date _____

Date of Move: _____

Address (Previous Residence) _____

Address (New Residence) _____

Expenses	Amount
Truck Rental & Gas (UHaul)	
Commercial Moving Company	
Lodging	
Mileage (_____ miles X .575)	
Moving supplies (Packing, shipping, etc.)	
Airfare (one trip for employee & family)	
Storage (In transit for up to 30 consecutive days)	
Other – Lump Sum Payment *	
Other -	
Total	

***Requires approval from President (or designee) and VP – Business & Finance**

Funding Source #1 _____

Funding Source #2 _____

I certify that the expenses listed above were incurred for the purpose of personal relocation in connection with my employment with Fort Valley State University and in accordance with the terms agreed upon in the Relocation Expense Agreement.

Employee Signature: _____ Date: _____

Supervisor Signature _____ Date: _____

President's Approval (if applicable) _____

VP – Business & Finance Approval (if applicable) _____

Budget Approval _____

HR Approval _____

Please submit form to the Office of Human Resources