

Employee Name:

Employee PIDM:

Position/Title:

Date of Hire:

Moving From:

Moving To:

Date of Move:

Email Address:

I request reimbursement for the following items:

Moving Van/Truck rental\*

Mileage\_\_\_\_\_miles x \$0.21 (2025 IRS Rate)

Lodging (trip must equal or exceed 400 miles) Other

expenses: Please itemize.

**TOTAL EXPENSES:**

Attach **ALL original detailed receipts**. Proof of payment for moving expenses is required.

**Org Code:**

**Account:** 627130

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of VP/Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Controller

\_\_\_\_\_  
Date