

EMPLOYEE MOVING AND RELOCATION EXPENSE INFORMATION

Agency Code: **Agency 215 University of Mary Washington**
 Reimbursement Number: _____ Is this the final reimbursement? Yes ___ No. ___
 Employee Name: _____ Social Security Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date Employed: _____ Date Tenure agreement signed: _____

Type of Moving Expenses	Total This Report	Total All Prior Reimbursements	Cumulative Total
Taxable Expense:			
Pre-move travel and lodging payments excluding meals: Number of trips: _____ Number of Nights: _____			
Temporary quarters travel and lodging payments. From: _____ To: _____			
Total meal payments incurred during travel from old to new home			
Storage Common Carrier Date From: _____ To: _____			
Qualified expenses of buying a new home			
Qualified expenses of selling old home			
Other payments (Specify on an attached sheet)			
Subtotal Taxable Expenses			
Non-Taxable Expenses			
Transportation - Common Carrier			
Transportation other than Common Carrier (moving vehicle rental)			
Travel and lodging payments excluding meals for move from old to new home			
Subtotal Non-Taxable Expenses			
Grand Total			

Certification Statements:

I certify that the expenses were incurred by me while moving and relocating at the request of the above cited agency of the Commonwealth of Virginia.

Signature of Employee: _____ **Date:** _____

I certify that the expenses were incurred in an employee relocation requested by the Commonwealth of Virginia and do not exceed the requirements set forth in the DOA moving and relocation expense regulations. Written approval for reimbursement above normal established limits is attached.

Signature of Agency Head: _____ **Date:** _____

Print Name: _____ **Title:** _____