



Moving Expense Reimbursement Form

Employee Name: _____ **Employee ID #** _____

To be eligible for moving expense reimbursement, a new full-time employee must meet the distance test; your new main job location is at least 50 miles farther from your former home than your old main job location was from your former home.

Prior Home Address: _____

Prior Work Address: _____

A. Miles from prior home to prior work: _____

B. Miles from prior home to new work: _____

Total Miles Difference (B - A): _____

If the distance test is met, employees are eligible for consideration of documented actual cost of moving expense as follows:

1. Reimbursement of the actual cost of moving up to \$1,500 for relocation up to 300 miles and \$3,000 for relocation over 300 miles.
2. Expenses covered include: van lines and/or truck rentals, labor for packing and moving normal household goods, pad rental, purchase of packing materials, tolls and parking, gas receipts for rented or personal vehicle (mileage is not covered), and overnight lodging.
3. Examples of expenses not eligible for reimbursement/payment are: meals, house hunting trips (and any other pre/post move trips), selling expenses related to the old residence, expenses of purchasing the new residence, temporary living expenses, storage charges (except in transit charges), mileage and security deposits. This list is not inclusive and the Assistant Vice President for Human Resources shall make final determination as to the eligibility for reimbursement/payment of any particular expense.
4. The reimbursement is a taxable expense.

Receipts List:

Date:	Description	Amount

Total Reimbursement Request: _____

Employee Signature: _____

Note: Please return completed form and copies of receipts/documentation to the HR office by dropping them off to the HR office, through campus mail (St. 25) or by email at springarbor.hr@arbor.edu

(HR office only below)

Approved

Rejected

HR Notes: _____

HR Approver: _____

Date Paid: _____