

Moving Expenses Request Form

Directions: Prior to extending an offer of employment, the hiring department is responsible for completing this form and obtaining pre-approval for moving expense reimbursement. Hiring departments should reference the Moving Expenses Policy for additional information.

PRE-APPROVAL INFORMATION

Employee Name:			
Division:			
Department:			
Budget Code:			
Mileage from employee's previous residence to Goucher College	_____ Miles *must exceed 50 miles to be eligible	Mileage from employee's previous residence to previous employer	_____ Miles
Moving Expense Amount Requested: (Exception required if exceeding policy limits)			

REQUIRED APPROVALS

Department Supervisor:		Date:	
Divisional Vice President or President:		Date:	
President or Designee (for exceptions):		Date:	
Finance Office:		Date:	

Directions: In adherence with the pre-approved reimbursement amount, employees should itemize moving expenses for reimbursement on the chart below with original receipts attached. Employees should reference the Moving Expenses Policy for additional information.

REIMBURSEMENT REQUEST

Item	Sun _/_/___	Mon _/_/___	Tues _/_/___	Wed _/_/___	Thurs _/_/___	Fri _/_/___	Sat _/_/___	Total
Transportation								
Packing Costs								
Lodging								
Storage Fees (see policy for exclusions)								
Other								
								\$

My submission of this form confirms my acceptance of the Moving Expenses Policy.

REQUIRED APPROVALS

Employee:		Date:	
Finance Office:		Date:	