



SAVANNAH STATE UNIVERSITY

Request for Reimbursement of Relocation Expenses

Employee Information

Employee Name _____ Title _____

Hiring Department _____ Hire Date _____

IRS Distance Test

Employee's Previous

Residence _____

New Residence (if Known) _____

Distance from Previous Residence to Previous _____ Distance from Previous Residence to New _____

Employer _____ Employer (SSU) _____

Relocation Expense Authorization

Maximum Reimbursement Authorized per Relocation & Moving Expense Agreement \$ _____

Less: Cumulative Amount of Prior Requests \$ _____

Remaining Maximum Reimbursable \$ _____

Total This Claim (from attached listing) \$ _____

Date of Primary Move, if applicable _____

Is this the FINAL Reimbursement Request Circle: YES or NO

Certification and Approval

I certify that the expenses listed below (and supporting documentation) were incurred by me for the purpose of personal relocation in connection with my employment with Savannah State University and in accordance with the terms agreed upon in the Relocation and Moving Expense Agreement:

Employee Signature and Date

I have reviewed the expenses shown on this reimbursement request and find them to be reasonable and appropriate and in conformity with both the Relocation and Moving Expense Agreement and with SSU's Relocation and Moving Expense policy.

Employee Signature and Date

Check here for payment to third party vendor.

A separate request should be submitted for items reimbursable directly to the employee.

Request for Reimbursement of Relocation Expenses Claim Form:

I. *Qualified Expenses (Non-Taxable):*

Transportation of Household Goods

Common Carrier \$ _____
Moving Truck Rental (for Self Moves) _____
Moving Truck Fuel (for Self Moves) _____
Insurance on Personal Possessions in Transit _____
Labor to pack and move personal possessions,
Not included in Common Carrier fees up to \$500 _____
Packing Supplies not included in Common Carrier fees _____
Temporary Storage (30 days or less) _____
SUBTOTAL – TRANSPORTATION OF GOODS \$ _____

Travel to New Residence (Final Move)

(House hunting or Preliminary Trip must be included in the Nonqualified Section)

Air or Train Fare for Spouse and Dependents Only:

No. Passengers _____ X Rate Per Person \$ _____ \$ _____

Rental Car _____

Rental Car Fuel _____

Travel by Personal Vehicle: Miles X State applicable rate:

Beginning Odometer reading _____ Ending Odometer reading _____

Total mileage = _____ X 0.50/mile _____

Tolls, parking, shuttle or taxi service _____

Lodging: No. of Nights _____ @ _____/night _____

CANNOT EXCEED GSA Rates per night for area

SUBTOTAL – TRAVEL TO NEW RESIDENCE \$ _____

TOTAL QUALIFIED EXPENSES \$ _____

II. *Nonqualified Expenses (Taxable)*

Pre-Move Travel

Purpose of the Trip _____

Air or Train Fare for Spouse and Dependents Only:

No. Passengers _____ X Rate Per Person \$ _____ \$ _____

Rental Car _____

Rental Car Fuel _____

Travel by Personal Vehicle: Miles X State applicable rate:

Beginning Odometer reading _____ Ending Odometer reading _____

Total mileage = _____ X 0.50/mile _____

Tolls, parking, shuttle or taxi service _____

Lodging: No. of Nights _____ @ _____/night _____

CANNOT EXCEED GSA Rates per night for area

SUBTOTAL – PRE-MOVE TRAVEL \$ _____

Meals and Miscellaneous (refer to policy)

Temporary Living Quarters (up to 3 months) \$ _____

Meals (must be actual with receipts not to exceed daily per Diem per policy):

Date _____ Circle: B/L/D Adults _____ Children _____

Date _____ Circle: B/L/D Adults _____ Children _____

Date _____ Circle: B/L/D Adults _____ Children _____

Date _____ Circle: B/L/D Adults _____ Children _____

Date _____ Circle: B/L/D Adults _____ Children _____

SUBTOTAL MEALS AND MISCELLANEOUS \$ _____

TOTAL NONQUALIFIED EXPENSES \$ _____

TOTAL THIS CLAIM \$ _____

Please ensure that all appropriate supporting documentation is attached.