

Relocation and Moving Expense Reimbursement Form

Please complete this form to request reimbursement for authorized moving and relocation expenses. Attach all original receipts before submitting for approval.

Employee Information

Employee Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Job Title:	<input type="text"/>
Relocation Date:	<input type="text" value="MM/DD/YYYY"/>	Phone Number:	<input type="text"/>
Previous Address:	<input type="text"/>		
New Address:	<input type="text"/>		

Expense Details

Expense Category	Description / Vendor	Date Incurred	Amount (\$)
Moving Services (e.g., professional movers, truck rental)	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Transportation (e.g., flights, personal vehicle mileage, tolls)	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Lodging (during transit or temporary housing)	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Packing Supplies (boxes, tape, bubble wrap)	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Other Expenses (please specify)	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Total Reimbursement Claimed:			<input type="text"/>

Authorization and Signatures

By signing below, the employee certifies that the expenses claimed above are accurate, valid, and directly related to relocation requirements. The manager signature verifies approval for payment.

Employee Signature:	<input type="text" value="Sign Here (Physical or Digital)"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
Manager Name / Title:	<input type="text"/>		
Manager Approval Signature:	<input type="text"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
HR/Finance Approval Signature:	<input type="text"/>	Date:	<input type="text" value="MM/DD/YYYY"/>