

EMPLOYEE MOVING EXPENSE INFORMATION

DATE _____

EMPLOYEE NAME _____

(Last, First, MI)

SSN# _____

EXPENSES INCURRED AFTER 1993 EXPENSE TYPE		VENDOR NAME/ VENDOR NUMBER	PO#, TR#, or RQ#	(a) AMOUNT PAID TO EMPLOYEE	(b) AMOUNT PAID TO VENDOR FOR EMPLOYEE'S BENEFIT	© TOTAL (Add (a) and (b))
Transportation and storage of household goods and personal effects	1	.....	.....	.....	.....	.....
Travel and lodging payments for expenses of moving from old home to new home (DO NOT INCLUDE MEALS)	2	.....	.....	.....	.....	.....
All other payments (specify type):	3	.....	.....	.....	.....	.....
Total payment for moving expenses.						
Add the amounts in lines 1 through 3 of column (c).						

Please see instructions on reverse side of this form. CAUTION: This form is not verification of your moving expenses. It only shows the amounts your employer paid for your move. These amounts may be different from the amounts you actually spent.

Personal Moving Expense & Payment Policy for Relocation
Of New Employees & Employee Expense Information Form
(Issued May, 1999)
Added 04/18/01