

EAST STROUDSBURG UNIVERSITY MOVING EXPENSE SUMMARY

Note: Attach a copy of the employment letter that indicates the terms of the reimbursement. ATTACH ORIGINAL RECEIPTS to substantiate all expenses. See East Stroudsburg University Expense Procedures and/or Travel Policy and Procedures.

Please call X-3117 or e-mail dbulzoni@po-box.esu.edu if you have any questions regarding the completion of this form.

Department: _____

SSN: _____

Date of Move: _____

Former Residence City/State: _____

Employee Name: _____

Number of Household Members (including employee): _____

New Residence City/State: _____

| Line | Taxable Expenses | Amount |
|--|--|--------------|
| 1 | Pre-Move Househunting (includes travel, lodging, meals, etc.) | |
| 2 | Temporary Housing | |
| 3 | Travel - Pre-Move: # miles @ cents per mile (IRS moving rate) | |
| 4 | Meals | |
| 5 | Storage > 30 days From: / / To: / / | |
| 6 | Other, Please specify | |
| Sub Total Taxable Expenses Lines 1-6 | | A |
| Non Taxable Expenses | | |
| 7 | Transportation-Common Carrier | |
| 8 | Transportation-Non Common Carrier (ex: UHAUL) | |
| 9 | Packing, Shipping | |
| 10 | Moving Supplies | |
| 11 | Storage < 30 days From: / / To: / / | |
| 12 | Travel from Former Home to New Home - Mileage: # miles @ cents per mile (IRS moving rate) | |
| 13 | Airfare for Employee and Household members to new home | |
| 14 | Lodging in route to new home | |
| 15 | Other, Please specify | |
| Sub Total Non Taxable Expenses Lines 7-15 | | B |
| Grand Total Reimbursed Moving Expenses | | A + B |

I certify that the expenses listed above were incurred by me as a result of moving and relocating my primary residence.

Employee Signature: _____ Date: _____

Provost's Approval: _____ Date: _____

Controller's Use Only: Distance Test: Processed By: _____ Date: _____