

Request for Reimbursement of Moving Expenses

Only expenses that can be logically attributable to the move, up to the maximum amount offered to the employee, are reimbursed by TAMIU. Offer letter stating max must be attached to this form, plus all paid receipts associated with this request.

*Please Note: This reimbursement is a taxable payment. Required taxes will be withheld from this reimbursement as required by the IRS.

Meals are not considered reimbursable expenses.

Employee's Full Name:	Department:	Department:		
Employee's UIN:	Employee Mo	Employee Moving From/To:		
Paying Account:				
REIMBURSABLE EXPENSES				
Travel from Prior to New Residence	Mileage liles Rate	Amount	Vendor/Notes	
Personal Vehicle Mileage #1	\$ 0.17			
Personal Vehicle Mileage #2	\$ 0.17			
OR Fuel for Personal Vehicle(s), Tolls, and/or Parking				
Other Transportation, if not driving (A				
Lodging				
Travel to Ne	w Residence Total			
Moving of Household Goods			Vendor/Notes	
Moving Vehicle Rental/PODs/Shipping, etc.				
Moving Vehicle Fuel				
Packing Supplies				
Labor to Assist with Move				
Storage Unit				
Other Travel Expenses (Explain)				
Moving of Household Goods Total				
Total Reimbo	ursement Request			
Approval Initials -				
Dean or VP: BPFA:			essed on: Payroll Use Only)	