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**EMPLOYEE MOVING AND RELOCATION**

# **EXPENSE SUMMARY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Code: | | | | | 216 | |  | | | | |  | | |  |  |  |  |
| Reimbursement No.: | | | | |  | | Final Reimbursement:? | | | | | Yes: | | |  | No: |  | (Check One) |
| Employee Name: | | | |  | | | | | | SSN / HR EmplID. | | | |  | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | State: |  | | Zip Code: | |  | | | | | |
| Date Employed: | | |  | | | Date Employee Moving and Relocation Tenure Agreement Signed: | | | | | | | | | | | |  |

| TYPE OF MOVING EXPENSE | TOTAL THIS REPORT | TOTAL ALL PRIOR REIMBURSEMENTS | CUMULATIVE TOTAL |
| --- | --- | --- | --- |
| TAXABLE EXPENSES: |  |  |  |
| Pre-move travel and lodging payments excluding meals:  No. of Trips:       Number of Nights: |  |  |  |
| Temporary Quarters travel and lodging payments:  From:       To: |  |  |  |
| Total meal payments for pre-move house hunting and temporary quarters: |  |  |  |
| Total meal payments incurred during travel from the old to the new home: |  |  |  |
| Qualified expenses of buying a new home: |  |  |  |
| Qualified expenses of selling an old home: |  |  |  |
| Other qualified payments: |  |  |  |
| Storage - Common Carrier:  Dates: From::       To: |  |  |  |
| Storage - Other than Common Carrier:  Dates: From::       To: |  |  |  |
| Transportation - Common Carrier: |  |  |  |
| Transportation - Other than Common Carrier:  (Moving Vehicle Rental) |  |  |  |
| Travel and lodging payments excluding meals for move from the old to the new home: |  |  |  |
| GRAND TOTAL: |  |  |  |

Certification Statements:

I certify that the expenses were incurred by me while moving and relocating at the request of the above cited agency of the Commonwealth of Virginia.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Employee: |  | Date: |  |

I certify that the expenses were incurred in an employee relocation requested by James Madison University and do not exceed the requirements set forth in Moving and Relocation expense regulations. Written approval for reimbursement above normal established limits is attached.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of AVP for Finance: | |  | Date: |  |
| Print Name: | Mark Angel | | Title: | AVP for Finance |