Southwestern University

2022 Moving Expense Summary

NOTE: ATTACH ALL ORIGINAL RECEIPTS to the completed form and forward to the Business Office for processing. The Business office will review and may contact you if further information is needed. The moving expense reimbursement is subject to income taxes under current IRS regulations. Please call 512-863-1930 (Sally Volling) if you have questions.

Employee Name: _____

Department: _____

Social Security #: _____ **Number of Household Members (including employee)**: _____

Former Residence: _____
Date of Departure: _____

New Residence: _____
Date of Arrival: _____

Expenses	Amount
Transportation – Common Carrier (Example: Allied Van Lines)	
Transportation – Non Common Carrier (Example: U-Haul)	
Storage Date: From:_____ To:_____	
Packing/Shipping	
Moving Supplies	
Mileage from former home to new home/Number of miles multiplied by the mileage rate of .625 Beginning Odometer reading -_____ Ending Odometer reading _____ Number of Miles:	
Airfare for employee and household members in route to new home	
Lodging for employee and household members in route to new home	
Meals for employee and household members in route to new home ***(itemized receipts are required)***	
Other (please specify):	
Total Moving Expenses Incurred	
Maximum Amount Allowed for Reimbursement per appointment letter	
Total Moving Reimbursement	

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

Employee Signature: _____ **Date**: _____

For HR Office only:
Reimbursement allowed per appointment letter: _____

Human Resources Authorization

For Business Office only:
Taxable Expense _____

GL Account