

Dickinson

RELOCATION EXPENSE REIMBURSEMENT FORM

Name (Please Print)

Department

Date

Moving from: _____ to: _____

The college pays the first \$1,500 of the necessary and reasonable moving expenses of newly appointed full-time faculty members and employees hired at the Intermediate Administrator category or higher who must move in order to accept a position with the college. In addition, the college pays one-half of the excess of such expenses over \$1,500 up to a maximum of \$3,000 for any one individual or family. Moving expenses paid by the college will be included in employee's taxable wages in accordance with current Internal Revenue Service regulations.

Faculty should submit this form, along with original receipts, to the Provost's Office. Staff should submit this form, along with original receipts, to Human Resource Services. Dickinson follows IRS guidelines regarding reimbursable moving expenses. In general, you may be reimbursed for the cost of moving your household belongings and traveling (*including lodging, but not meals*) to your new home. The following is a brief summary of what is allowable:

- Travel by car - the standard mileage rate.
- The cost of packing, crating, and transporting household goods and those of members of your household from your former home to your new home.
- Any costs of connecting or disconnecting utilities because you are moving household goods, appliances, or personal effects.
- The cost of shipping your car and your household pets to your new home.
- The cost of storing and insuring household belongings within any period of 30 consecutive days after the day your things are moved from your former home and before they are delivered to your new home.
- The cost of transportation and lodging for you and members of your household while traveling from your former home to your new home.

Date of Expense	Brief Description of Expense	Total Miles	Total Mileage	Packing/ Crating/ Moving	Utilities	Shipping	Storage	Travel/ Lodging	Total
				Enter miles in the Total Miles cell – Total Mileage will auto calculate					
Totals									

Employee Signature: _____

Date: _____

Do not include activity on this form that has been charged to a college credit card. Include original receipts with this form. Reimbursement will be made with the next available pay period.

For Office Use Only:

Approved by: _____ Amount: \$ _____

Pay Period Reimbursed: _____

IRS standard mileage rate for moving: _____