

Midwestern State University

MOVING EXPENSE AUTHORIZATION FORM

Employee Name: _____ SS Number: _____
 Department: _____ Account: _____
 Date: _____ Amount not to Exceed: \$ _____ -

Travel by Car

Gas/Oil	\$	-	
Tolls/Parking Fees	\$	-	
			subtotal -> \$ -

OR

(Must Select One Form of Payment)

Standard Mileage Rate			<- enter miles
mileage rate	\$	0.18	
			mileage total -> \$ -
Tolls/Parking Fees	\$	-	
			subtotal -> \$ -

Household Goods and Personal Effects

Packing, Crating and Transporting:		\$ -	
Connecting or Disconnecting Utilities:	\$	-	
Cost of Shipping Car or Household Pets:	\$	-	
Cost of Moving Household Goods and Personal Effects to Place Other Than Home: <i>(Limited to Amount It Would Cost From Former Home)</i>	\$	-	
			subtotal -> \$ -

Storage Expenses

Storing and Insuring Household Goods and Personal Effects:
(Up to 30 Consecutive Days After Items Moved From Former Home) \$ -

Travel Expenses

Transportation and Lodging <i>(Yourself and Members of Your Household From Former Home to New Home)</i>		\$ -	
Lodging Expenses In Area of Former Home <i>(Within One Day After You Could No Longer Live In Your Home)</i>	\$	-	
Travel Expenses For Members of Household Traveling Separately	\$	-	

Total Submitted: \$ -

Total Reimbursement Amount \$ _____

Original Receipts Must be Attached

Comments:

Budgetary Unit Head

Date

Senior Administrator

Date