

**UNIVERSITY OF VIRGINIA
MOVING AND RELOCATION EXPENSE SUMMARY**

DEPT. _____
 EMPLOYEE NAME: _____
 NEW HOME ADDRESS: _____
 CITY/STATE/ZIP CODE: _____

PTAO: _____
 SOCIAL SECURITY #: _____

I CERTIFY THE EXPENSES BELOW WERE INCURRED BY ME WHILE MOVING AND RELOCATING AT THE REQUEST OF THE UNIVERSITY OF VIRGINIA.

EMPLOYEE SIGNATURE: _____
 DEPARTMENT HEAD SIGNATURE: _____

DATE: _____
 DATE: _____

	Category of Expenses:		Total All Prior Reimbursements	Total This Report	Cumulative Total
	Taxable Expenses				
A	Househunting	# Trips	CURRENT	CUMULATIVE	
			# Nights		
B	Temporary Quarters	From: _____ To: _____			
C	Home Selling/Purchasing Expenses: NEW PRIMARY RESIDENCE ONLY				
D	Travel - Mileage: 14.5 cents/mile (see also H below)				
E	Other - Meals, Home Selling, Etc.				
	SUBTOTAL* - Taxable Expenses (A-E)				
	Non-Taxable Expenses				
F	Transportation: Common Carrier paid by UVA (also includes storage < 30 days)	Storage Dates: From: _____ To: _____			
G	Self Move: Other than Common Carrier paid by UVA (also includes storage < 30 days)	Storage Dates: From: _____ To: _____			
H	Travel from former to new residence: Lodging, transportation (18 cents/mile) (Remaining 14.5 cents/mile, see Section D above)				
	SUBTOTAL* - Non-Taxable Expenses (F-H)				
	GRAND TOTAL (A - H)				

Date Employed at New Position _____
 Date Agreement Signed _____
 This is Reimbursement Number _____
 This is Final Reimbursement (Click on Yes or No) YES NO

FOR HUMAN RESOURCES USE ONLY

The expenses itemized above were incurred in an employee relocation move requested by the Commonwealth of Virginia and do not exceed the requirements set forth in the Department of Accounts Moving and Relocation Expense regulations. Written approval for reimbursements above normal established limits is attached.

Signature of Approving Officer: _____

Note: This form must be properly completed and submitted with required forms.

* Subtotals must be completed for each column.

Date: _____
 Print Name: _____
 Title: _____