



Name _____ Date Submitted _____

Address _____

City, State, Zip _____

Phone: _____ Email: _____

Moving From _____ To _____

Dates en Route _____

| <u>DESCRIPTION</u> | <u>AMOUNT</u> | <u>TOTAL</u> |
|---|---------------|--------------|
| Mileage for Move | | |
| First Car _____ | @\$.40/mile | |
| Second Car _____ | | |
| *Tolls _____ | | |
| Totals | | |
| Air Fare (Receipts Required) | _____ | _____ |
| Car Rental (Receipts Required) | _____ | _____ |
| Lodging (Receipts Required) | | |
| Date/s _____ | _____ | _____ |
| *Per Diem: | | |
| Single (\$41.00 per day) | _____ | _____ |
| Couple (\$62.00 per day) | _____ | _____ |
| Child/ren (\$21.00 per day/per child) | _____ | _____ |
| Dates for Per Diem _____ | | |
| Total Per Diem | _____ | _____ |
| Moving Allowance: | | |
| Employee (\$670.00) | _____ | |
| Spouse (\$670.00) | _____ | |
| Single Parent with Dependent Children (\$1340.00) | _____ | |

DESCRIPTION

AMOUNT

TOTAL

Miscellaneous Moving Allowances (Vehicles must be registered within 90 days of moving to new area to claim reimbursement)

Vehicle Certification/Inspection (Taxable Income)

First Vehicle

Second Vehicle

Vehicle License/Registration (Taxable Income)

First Vehicle

Second Vehicle

Vehicle City or County Sticker (Taxable Income)

First Vehicle

Second Vehicle

Drivers' License (Taxable Income)

Employee

Spouse

Vehicle Use Tax (Personal Property Tax) (When Changing States (Taxable Income)

Employee

Spouse

TOTALS from all above _____

MOVING SETTLEMENT AMOUNT

Other Miscellaneous Moving Expense (Must List Items)

PLEASE TOTAL ALL EXPENSES (ATTACH RECEIPTS)

(*Receipts not required for starred items)

Employee Signature

Date

Potomac Conference Approval Signature

Date

(NOTE: Please return completed form to the Human Resources Department. If you wish to be reimbursed for a partial report, complete this report, copy it and send the original. When you are ready to report the remainder of your expenses, use your copy, attach receipts and send all to HR)