POTOMAC CONFERENCE CORPORATION
Human Resources
606 Greenville Avenue, Staunton, VA 24401
Office (540) 886-0771 | Fax (540) 904-0722
http://www.pcsda.org

MOVING EXPENSE REPORT

Name: _____ Date Submitted: _____

Address: _____

City, State, Zip: _____ _____ _____

Phone: _____ Email: _____

Moving From: _____ To: _____

Dates of Travel: _____

DESCRIPTION	AMOUNT	TOTAL
Mileage for Move		
First Car _____	@$0.34/mile	_____
Second Car _____	@$0.34/mile	_____
*Tolls		_____
Air Fare (Receipts Required)		_____
Car Rental (Receipts Required)		_____
Lodging (Receipts Required)		
Date(s) _____		_____
***Per Diem**: Date(s) _____	Total # of Days	_____
Employee		
___$46.00 per day	____$16.00 per day (fully entertained)	_____
Couple		
___$69.00 per day	____$23.00 per day (fully entertained)	_____
Child(ren)	Total # of Child(ren)	_____
___ $23.00 per day	____$8.00 per day (fully entertained)	_____
Moving Allowance Lump-Sum:		
Employee ($725.00)		_____
Spouse ($725.00)		_____
Single Parent with Dependent Children ($1,450.00)		_____

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

DESCRIPTION	AMOUNT
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	_____
Sub-Total	$ _____

MOVING SETTLEMENT AMOUNT

Other Miscellaneous Moving Expense (Must List Items)

_____ _____

GRAND TOTAL OF ALL EXPENSES (ATTACH RECEIPTS) $ _____

(*Receipts not required for starred items)

Please note that all moving and duplicate housing expenses are taxable benefits and will be processed through payroll.

_____ _____

Employee Signature Date

_____ _____

Potomac Conference Approval Signature Date

(NOTE: Please make & retain a copy of this report for your records. Return the completed original form to the Human Resources Department. You may request a partial reimbursement by completing the form and submitting to HR at the time of incurred expenses. To request the remaining reimbursements complete this form again, attached the additional receipts and submit to HR.)