

Illinois State University Moving Expense Reimbursement

1. Employee must be under contract and move completed prior to submitting moving expenses for reimbursement.
2. Itemize all expenses and attach receipts, canceled checks or affidavits to verify expenditures.
3. New employees should submit the form and all receipts to their immediate supervisor.
4. Reimbursement is limited to costs associated with one direct move from the employee's former residence to a point within reasonable commuting distance from campus.
 - a. If the new employee drives a truck (such as UHaul), reimbursement will include truck rental and fuel purchases.
 - b. If a trailer is pulled, reimbursement will be for the trailer rental and mileage at the State of Illinois rate.
 - c. Reimbursement is allowed for boxes and packing materials, including packing tape (with receipts).
 - d. Reimbursement is allowed for the cost of help loading and unloading belongings. Proof of payment is required.
 - e. Reimbursement is allowed for toll road charges, with submitted receipts.
 - f. The following items are not reimbursable: personal or family expenses connected with the move (examples: airfare, meals, lodging costs, mileage for personal vehicle); furniture storage; costs of transporting animals; cost of transporting an automobile; mileage to drive a personal vehicle if a moving company or rental truck is used.

Name _____ ID _____

Date of move _____ Department _____

Moved from _____ to (local address) _____

Itemized expense	Cost
Total costs	

Signatures/Authorizations:

I certify that the above statements are accurate.

Date: _____

Employee requesting reimbursement

After signing, please forward to unit Supervisor, Chair or Fiscal Agent.

Position number _____ Dept. Contact _____ Phone: _____

Department/College/School/Unit allocation (if any):

a General Revenue: Amount \$ _____ Acct. Number: _____

Note: Reimbursement from a Foundation account requires a separate Foundation voucher submitted directly to Foundation.

Date: _____

Department/School Chair/Supervisor

After signing, please forward to Provost (attn: Destini Martinez, Campus Box 4000) or appropriate Vice President.

Approval

Amount approved: _____ Account number: _____

Date _____

Provost/VP Fiscal Agent (if employee in Academic Affairs)