

RELOCATION TRAVEL AND MILEAGE REIMBURSEMENT FORM

Expense Template for Moving Expense Mileage

EMPLOYEE & RELOCATION INFORMATION

Employee Name:		Employee ID:	
Department:		Manager/Supervisor:	
Origin City, State:		Destination City, State:	
Relocation Start Date:		Relocation End Date:	

MOVING VEHICLE MILEAGE LOG

Date	Origin	Destination	Odometer Start	Odometer End	Total Miles	Rate (\$/mi)	Total (\$)
Subtotal Mileage:							

ASSOCIATED RELOCATION TRAVEL EXPENSES (TOLLS, PARKING, LODGING EN ROUTE)

Date	Expense Category	Description / Purpose	Amount (\$)
Subtotal Other Expenses:			

REIMBURSEMENT SUMMARY

Total Mileage Reimbursement:	
Total Associated Travel Expenses:	

GRAND TOTAL REIMBURSEMENT CLAIMED:

Employee
Signature:

Date:

Manager
Approval:

Date:

HR / Finance
Approval:

Date:

Submission Guidelines:

1. Attach all original receipts for lodging, tolls, parking, and public transportation.
2. Ensure odometer readings are completed for personal vehicle mileage claims.
3. Reimbursement is subject to company relocation policy limits and tax regulations.