EMPLOYEE RELOCATION EXPENSE CLAIM FORM

Relocation Travel Reimbursement Request

Employee Information

Employee Name		**Employee ID**	
Department		**Job Title**	
Manager / Approver		**Email Address**	

Relocation Details

Relocation Date		**Relocation Type**	
Origin City, State		**Destination City, State**	

Expense Details

Date	Category (e.g., Lodging, Travel, Meals)	Description / Business Purpose	Receipt (Y/N)	Amount

Subtotal	
Less: Advances Received	
Total Claim Amount	

Employee Signature & Date

Manager Approval Signature & Date

HR / Finance Approval & Date