

EMPLOYEE RELOCATION DISTANCE REIMBURSEMENT FORM

Moving Expense Mileage Log & Claim

EMPLOYEE & RELOCATION INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT / BUSINESS UNIT

RELOCATION DATE RANGE

ORIGIN CITY & STATE

DESTINATION CITY & STATE

MILEAGE LOG

| Date | Route / Purpose (e.g., Trip 1 - Moving Personal Effects) | Start Odometer | End Odometer | Total Distance (Miles) | Notes |
|------|--|----------------|--------------|------------------------|-------|
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|-------------------------------|----------------------|
| Total Relocation Miles | <input type="text"/> |
| Reimbursement Rate (per Mile) | <input type="text"/> |
| Total Reimbursement Amount | <input type="text"/> |

AUTHORIZATION & APPROVALS

Employee Signature

DATE

Manager / HR Approver Signature

DATE

Please attach maps, toll receipts, or supporting documentation to this claim prior to submission for processing.