COMPANY NAME / LOGO

# JOB RELOCATION PAYROLL BENEFIT CLAIM

**Relocation Expense Reimbursement & Payroll Report**

## EMPLOYEE & RELOCATION INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT / COST CENTER

JOB TITLE / POSITION

RELOCATION DATE

ORIGIN LOCATION (CITY, STATE/COUNTRY)

DESTINATION LOCATION (CITY, STATE/COUNTRY)

## EXPENSE DETAILS & RECEIPTS SUMMARY

| DATE | EXPENSE CATEGORY | DESCRIPTION / PURPOSE | AMOUNT | RECEIPT ATTACHED |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | **Total Claimed Amount:** | | |

## PAYROLL OFFICE USE ONLY

TAXABLE RELOCATION BENEFIT

NON-TAXABLE RELOCATION BENEFIT

TOTAL APPROVED FOR PAYMENT

GL ACCOUNT / COST CENTER CODE

PROCESSING PAY PERIOD / RUN DATE

Employee Signature

Date

Authorized Approver Signature

Date

Payroll Administrator Signature

Date

**Submission Guidelines:** Please attach all original receipts, invoices, and relevant proof of payment documentation to this claim form. Ensure all items are categorized correctly according to the company relocation policy prior to submission to the Human Resources and Payroll departments.