Employee Transfer Relocation Payroll Claim Sheet

Claim Reference No.	
Submission Date	
Pay Period	

Employee Name		**Employee ID**	
Current Department		**Job Title**	
Departure Location		**Destination Location**	
Transfer Date		**Relocation Package Category**	

NO.	EXPENSE DATE	RELOCATION CATEGORY (E.G. TRAVEL, MOVING, TEMP HOUSING)	DESCRIPTION / BUSINESS PURPOSE	RECEIPT ATTACHED (Y/N)	CLAIMED AMOUNT	APPROVED AMOUNT (HR USE)
1						
2						
3						
4						
5						
6						
7						
8						

Total Claimed Amount	
Non-Taxable Relocation Total	
Taxable Relocation Total	
Total Approved Payroll Reimbursement	

Declaration & Policy Compliance: I hereby certify that the above expenses were incurred solely in connection with my relocation on behalf of the company and are supported by original receipts as required. I understand that taxable relocation benefits are subject to standard payroll tax withholdings and will be reported on my year-end statement.

Employee Signature
Date:

HR / Relocation Coordinator Approval
Date:

Payroll Department Authorizer
Date: