

MOVING DAY MILEAGE LOG & EXPENSE SHEET

Relocation Expense Reimbursement Claim

Employee Name:

Department / Unit:

Relocation Date(s):

Manager Name:

Origin Address:

Destination Address:

1. MILEAGE LOG (PERSONAL VEHICLE ONLY)

DATE	ORIGIN	DESTINATION	ODOMETER START	ODOMETER END	TOTAL MILES
Total Relocation Miles:					
Reimbursement Rate per Mile:					

2. OTHER RELOCATION EXPENSES (TOLLS, PARKING, MOVING TRUCKS)

DATE	CATEGORY / TYPE	DESCRIPTION / PURPOSE	VENDOR	AMOUNT

Total Mileage Claim:	
Total Other Expenses:	
Total Reimbursement:	

Employee Signature

Date:

Authorized Approver Signature

Date:
