NEW HIRE RELOCATION COST STATEMENT

Expense Report for Approved Relocation Travel and Transfer Costs

EMPLOYEE NAME
DATE OF SUBMISSION
DEPARTMENT / COST CENTER
RELOCATION START DATE
ORIGIN CITY/STATE
RELOCATION END DATE
DESTINATION CITY/STATE
MANAGER / APPROVER

DATE	EXPENSE CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT ATTACHED	AMOUNT

Total Expenses Claimed	
Less: Relocation Advance Received	
Net Amount Due / (Owed)	

EMPLOYEE SIGNATURE

Date:

MANAGER / HR APPROVAL SIGNATURE

Date: