

JOB RELOCATION MILEAGE EXPENSE CLAIM

Moving Expense Reimbursement Template

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

MANAGER NAME

RELOCATION DATE

ORIGIN (CITY/STATE)

DESTINATION (CITY/STATE)

VEHICLE MAKE/MODEL

DATE	ORIGIN / DESTINATION	PURPOSE OF TRIP	START ODOMETER	END ODOMETER	TOTAL MILES

TOTAL MILES	
STANDARD RATE (PER MILE)	
TOTAL CLAIM AMOUNT	

EMPLOYEE SIGNATURE

DATE

MANAGER / HR APPROVER SIGNATURE

DATE