EMPLOYEE RELOCATION EXPENSE

Payroll Reimbursement Form

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

MANAGER NAME

RELOCATION DATE

RELOCATION DETAILS

ORIGIN CITY / STATE / COUNTRY

DESTINATION CITY / STATE / COUNTRY

EXPENSE REPORT ITEMIZATION

DATE	DESCRIPTION OF EXPENSE	CATEGORY	AMOUNT	RECEIPT
				☐
				☐
				☐
				☐
				☐
				☐

Total Expenses	
Less: Cash Advance	
Total Reimbursement	

AUTHORIZATIONS & APPROVALS

EMPLOYEE SIGNATURE

Date: _____

MANAGER APPROVAL

Date: _____

PAYROLL DEPARTMENT

Date: _____