

KENNESAW STATE UNIVERSITY EMPLOYEE RELOCATION & MOVING EXPENSE REIMBURSEMENT FORM

Employee Name: KSU ID:

Mail Address:

City, State Zip:

Telephone: Cell Phone: Other Phone:

Maximum Budget Allowed:

Budget Account #1 (12 digit combo code): Max Amt:

Budget Account #2 (12 digit combo code): Max Amt:

Supervisor: Date:

Print Name
Sign Name

Business Manager: Date:

Print Name
Sign Name

	Receipt Totals	Instructions:
Packing/Crating Materials		Employee: <ul style="list-style-type: none"> Complete name, address, phone, amount totals, and sign the form. Provide department with form and all legible, valid receipts for all expenses (no quotes, estimates, bank/credit card statements, spreadsheets/lists) Department: <ul style="list-style-type: none"> Obtain Supervisor and Business Manager signatures/dates and add the required budget account code(s). Combine/scan completed form, receipts, and a copy of the employee's offer letter into one complete PDF form. <p style="text-align: center;">Send final pdf file to payroll@kennesaw.edu</p>
Tolls and parking		
Airfare (Final trip)		
Rental Truck (Self Move), PODS, Storage		
Moving Van Line (must obtain 3 quotes with lower one chosen if over \$5,000)		
Fuel/Mileage – provide actual receipts 'or' Google map showing total mileage (reimbursed at .20/mile per vehicle)		
Lodging up to 2 nights - \$175/night max		
Total		

I certify the expenses listed were incurred by me as a result of my relocation from to which is a commuting distance greater than 50 miles one way from my former residence and my new KSU work location. I agree and give the University an express lien on all salaries and other sums payable to me by the University for the purpose of securing payment of any amount which may become due and authorize the University to withhold said amount from any sums payable to me for salaries, Expense reimbursement or otherwise. I also agree that in the event of termination within the first year of employment I will repay the University all relocation costs unless the University waives repayment.

Employee Signature: Date: