

EAST STROUDSBURG UNIVERSITY MOVING EXPENSE SUMMARY

Note: Attach a copy of the employment letter that indicates the terms of the reimbursement. ATTACH ORIGINAL RECEIPTS to substantiate all expenses. See East Stroudsburg University Expense Procedures and/or Travel Policy and Procedures.

Please call X-3117 or e-mail dbulzoni@po-box.esu.edu if you have any questions regarding the completion of this form.

Department: _____

SSN: _____

Date of Move: _____

Former Residence City/State: _____

Line	Taxable Expenses	Amount
1	Pre-Move Househunting (includes travel, lodging, meals, etc.)	
2	Temporary Housing	
3	Travel - Pre-Move: # miles @ cents per mile (IRS moving rate)	
4	Meals	
5	Storage > 30 days From: / / To: / /	
6	Other, Please specify	
	Sub Total Taxable Expenses Lines 1-6 A	
	Non Taxable Expenses	
7	Transportation-Common Carrier	
8	Transportation-Non Common Carrier (ex: UHAUL)	
9	Packing, Shipping	
10	Moving Supplies	
11	Storage < 30 days From: / / To: / /	
12	Travel from Former Home to New Home - Mileage: # miles @ cents per mile (IRS moving rate)	
13	Airfare for Employee and Household members to new home	
14	Lodging in route to new home	
15	Other, Please specify	
	Sub Total Non Taxable Expenses Lines 7-15 B	
	Grand Total Reimbursed Moving Expenses A + B	

I certify that the expenses listed above were incurred by me as a result of moving and relocating my primary residence.

Employee Signature: _____ Date: _____

Provost's Approval: _____ Date: _____

Controller's Use Only:	Distance Test:		Processed By: _____	Date: _____
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