



COLORADO STATE UNIVERSITY-PUEBLO
**MOVING EXPENSES
REIMBURSEMENT FORM**

DATE	TIME DEPART.	TRAVEL		TIME ARRIV.	MILEAGE			MEALS			ROOM Include Receipts	TOTAL Reimb.
		FROM	TO		Miles	Rate per Mile	TOTAL	BKST	LUNCH	DINNER		
SUB TOTALS												

REMARKS:

Moving Company

Gas Receipts

Other Moving Expenses

Amount Due Employee

I declare under penalty of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts shown. I AUTHORIZE PAYROLL DEDUCTION OF ANY DEDUCTION OF ANY SUCH ADVANCES. I declare that the amount of previous and current outstanding advances does not exceed estimated relocation costs for the next 30 days.

DATE

EMPLOYEE'S SIGNATURE

TITLE

EMPLOYEE'S PRINTED NAME

Account Number

PID OR NET ID

NOTE: Please obtain supervisor's approval before routing this form to the PAYROLL office.

DEPARTMENT

SUPERVISOR'S SIGNATURE