LEWIS-CLARK STATE COLLEGE
EMPLOYEE RELOCATION EXPENSE REPORT

Name (print or type)	Social Security No. (Last 4 Only) XXX-XX-	Department
Mailing Address		

I. Lewis-Clark State College has adopted the moving policy of the State of Idaho. Please note that allowable reimbursements may have tax consequences for the employee. The State of Idaho Moving Policies and Procedures can viewed at the following website: http://www.sco.idaho.gov/web/sbe/sbeweb.nsf/pages/movpolandproc.htm .

A. Qualified (Nontaxable)	*Amount To Be Reimbursed*	*B. Nonqualified (Taxable)*	*Amount To Be Reimbursed*
Travel-only during actual move from former to new location		*Travel-during any trips other than the actual move*	
1) Mileage for moving expenses allowed by the IRS	*Miles _____ x .240 = _____*	*1)Mileage over the amount allowed by the IRS*	*Miles _____x.215 = _____*
2) Lodging-only during actual move from former to new location		*2)Lodging-during any trips other than the actual move*	
Household goods		*Per diem (meals and some incidental expenses)*	
Packing charges		*Storage plus warehouse handling & delivery*	
Personal property insurance			
Appliance services			
Extra labor			
Truck rental or other rental conveyance			
Mobile home moves			

Total Qualified Moving Expenses *$_____* *Total Nonqualified Moving Expenses* *$_____*

***I. TOTAL MOVING EXPENSES** (Add Column A and B)* $_____

II. EMPLOYMENT CONTRACT AMOUNT **(To be filled in by supervisor)** $_____

III. TOTAL AMOUNT TO BE REIMBURSED **(The lesser of line I or line II)** $_____

ALLOCATION: Nontaxable (Column A) $_____ Taxable(Column B) $_____

TOTAL ALLOCATION: $_____

***IV. AGREEMENT** As a new State of Idaho employee, I have been advised of the Board of Examiners Policy II. C. contained in the State of Idaho Moving Policy. I further understand that should I voluntarily resign my position in this agency within one year from the official beginning date of employment, I shall be required to pay back 100% of any moving cost expense reimbursement(s) received subject to the limits and conditions of this policy. I declare that the information I have furnished above is true, correct and complete.*

Employee Signature_____ Date_____

For reimbursement of Qualified (Nontaxable) moving expenses, please complete a Requisition.

For reimbursement of Nonqualified (Taxable) moving expenses, please complete a Personnel Action Form.

Immediate Supervisor _____ Date _____

Copy to Human Resources
Return completed form, original receipts and requisition and/or Personnel Action Form to the Budget Director.