

# LEWIS-CLARK STATE COLLEGE

## EMPLOYEE RELOCATION EXPENSE REPORT

Name (print or type)	Social Security No. (Last 4 Only)  XXX-XX-	Department
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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 be viewed at the following website: <http://www.sco.idaho.gov/LivePages/state-moving-policy-and-procedures.aspx>.*

<b>A. Nonqualified (Taxable) - TMP</b>	<b>Amount To Be Reimbursed</b>	<b>B. Nonqualified (Taxable) - TMV</b>	<b>Amount To Be Reimbursed</b>
Househunting gas expenses (Only if NOT using mileage)		Househunting mileage (Only if NOT using gas expenses)	Miles _____ x.655 = _____
Actual Move – gas expenses (Only if NOT using mileage)		Actual moving mileage (Only if NOT using gas expenses)	Miles _____ x.655 = _____
Household goods		Lodging-during any trips other than the actual move	
Packing charges		Lodging-during actual move	
Storage plus warehouse handling & delivery		Per diem (meals and incidental expenses)	
Personal property insurance			
Appliance services			
Extra labor			
Truck rental or other rental conveyance			
Mobile home moves			

Total TMP Moving Expenses \$ \_\_\_\_\_ Total TMV 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: Taxable (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 Nonqualified (Taxable) moving expenses, please complete a Personnel Action Form.

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form and original receipts to the Budget Office. Electronically route Personnel Action.**