



### Request for Reimbursement of Moving Expenses

Only qualified expenses\* up to the maximum amount offered to the employee are reimbursed by TAMIU.  
Offer letter stating max must be attached to this form, plus all paid receipts associated with request.

\*See [Moving Expenses FAQs](#) or [IRS Publication 521 "Moving Expenses"](#) for more information.

Employee's Full Name:	Department:
Social Security Number:	Employee Moving From/To:
Paying Account:	Object/Expense Code: 1925 (Always)

#### QUALIFIED (NON-TAXABLE) EXPENSES

Travel from Prior to New Residence	Miles	Mileage Rate	Amount	Vendor/Notes
Personal Vehicle Mileage (1/1/2014 - 12/31/2014)		\$ 0.235		
Personal Vehicle Mileage (1/1/2015 - Current Rate)		\$ 0.23		
<b>OR</b> Fuel for Personal Vehicle, Tolls, and/or Parking				
Other Transportation, if not driving (Airfare, Bus, etc.)				
Lodging				

-Mileage or fuel should be entered, not both. Meals are not qualified travel expenses.

#### Travel to New Residence Total

Moving of Household Goods	Amount	Vendor/Notes
Moving Vehicle Rental/PODs/Shipping, etc.		
Moving Vehicle Fuel		
Packing Supplies		
Labor to Assist with Move		
Storage Unit (30 Days Max)		
Other Travel Expenses (Explain)		

#### Moving of Household Goods Total

#### Total Reimbursement Request

L or R - #

Approval Initials -

Dean: \_\_\_\_\_ BPFA: \_\_\_\_\_