COLORADO STATE UNIVERSITY-PUEBLO

MOVING EXPENSES REIMBURSEMENT FORM

DATE	TIME DEPART.	TRAVEL FROM	TRAVEL TO	TIME ARRIV.	MILEAGE Miles	MILEAGE Rate per Mile	MILEAGE TOTAL	MEALS BKST	MEALS LUNCH	MEALS DINNER	ROOM Include Receipts	TOTAL Reimb.
						$ 0.16	$ 0.00					$ 0.00
						$ 0.16	0.00					0.00
						$ 0.16	0.00					0.00
						$ 0.16	0.00					0.00
				SUB TOTALS			$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

REMARKS:

Moving Company	
Gas Receipts	
Other Moving Expenses	
Amount Due Employee	$ 0.00

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