



## Relocation Reimbursement Request Form

Employee name: \_\_\_\_\_

Full-time employment start date: \_\_\_\_\_

Previous home address: \_\_\_\_\_

New home address: \_\_\_\_\_

	Reimbursement maximum
Distance moved: ___ 51 to 250 miles	\$500
___ 251 to 500 miles	\$1,000
___ 501 to 750 miles	\$1,500
___ 751 to 1,000 miles	\$2,000
___ 1,001 to 2,000 miles	\$4,000
___ over 2,000 miles	\$6,000

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form to your supervisor.

### Approvals

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Account to be charged: \_\_\_\_\_

Please forward the form to your Cabinet Officer.

Cabinet Officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward the completed form to Human Resources.