

CAROLINA CONFERENCE OF SDA

MOVING EXPENSE FORM

P. O. Box 560339
 Charlotte N.C. 28256-0339
 704-596-3200 Phone ■ Fax 704-887-5750

Please Attach Original Receipts for Items with an Asterick (*)

Name: _____ Today's Date: _____
 (Please Print)
 Address: _____ Telephone: _____
 Move Date: _____
 Move From: _____ To: _____

Moving Allowance
 Family = \$1,300 Single = \$650 \$ _____

Meals/Per Diem
 _____ Days @ _____/Day - Single
 _____ Days @ _____/Day - Family
 _____ Days @ _____/Day - Single - 1 Meal
 _____ Days @ _____/Day - Family - 1 Meal

Travel
 _____ Miles @ _____/Mile
 * Tolls _____
 * Air Ticket _____

Lodging
 *♦ (For Hotels/Motels)
 ♦ Lodging with Family/Friends
 _____ Nights @ \$____/Night
 Supply Name: _____

Temporary Housing (Must be Pre-Approved) _____

| | | | |
|---|---------|-----|----------|
| Access Transportation Estimate: | _____ | (1) | |
| * Moving Miscellaneous (Labor Etc.) | _____ | (2) | |
| *♦ Truck Rental (include gas and mileage) | _____ | (3) | |
| Total (line 2 + line 3) | (_____) | (4) | |
| Savings Realized (line 1 - line 4) | _____ | (5) | |
| Moving Settlement (50% of line 5, but no more than \$750) | _____ | | |
| TOTAL | | | \$ _____ |

Employee Signature _____

Please Note: All moving expenses are reported as taxable income unless marked with ♦

***** For Office Use Only *****

Approval: _____ Date: _____

Please send ALL Receipts for Motel, Truck Rental, etc