

**MOVING EXPENSE FORM
WITHIN DISTRICT**

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 when Not Required by a Call - When an employee moves from a rental to a purchased home, the actual cost of the move will be covered. The policy also covers a forced move from a rental property to another rental property. \$500.00 is the maximum to be paid. This policy applies to moves other than those covered by a conference requested move (CC 87-73).

* Truck Rental, (include mileage)	\$ _____
* Truck Rental Gas	_____
* Moving Miscellaneous (Labor Etc.)	_____
_____	_____
_____	_____
TOTAL	\$ _____

Employee Signature _____

Please Note: All within district moving expenses are reported as taxable income

***** For Office Use Only *****	
Approval: _____	Date: _____