



Angelo State University
Employee Moving Expense Form

Print Form

Payments made during the calendar year

Employee Name: CID:

Department: Job Title:

Travel from City/State/Country:

Mileage to San Angelo: Date(s) of Move:

	(a) Amount paid to employee	(b) Amount paid to a third party for employee's benefit and value of services furnished in kind	(c) Total - add columns (a) and (b)
MOVING EXPENSE PAYMENTS			
1. Transportation and storage of household goods and personal effects			
2. Travel and lodging payments for expense of moving from old to new home. Do not include meals.			
3. List all other payments (be specific). Note: These amounts must be included in employee's income for tax purposes.			
4. Total payments for moving expenses. Add the amounts in column (c) of lines 1 through 3.			

I certify that the above amounts and any attached receipts or invoices are true and accurate. I understand that reimbursement of my moving expenses is in accordance with Angelo State University [Operating Policy 52.37](#). I further understand that the information supplied by me is maintained by the University and that I have the right to review and correct this information by contacting the Office of Human Resources.

Employee Signature

Date