



**MOVING EXPENSES SUPPORT FORM
For Expenses Reimbursed by Penn State
(Keep a copy for your records and submit)**

Non-PO Invoice Doc. # _____

Name: _____ PSU-ID: _____

Moving From: _____ Moving To: _____

	<u>Amount</u>
A. Transportation of Household Goods and Personal Effects (Moving van, truck rental, cars, supplies, tolls, etc.)	
Amount paid to you	_____
Amount paid to 3rd party	_____
<input type="checkbox"/> Check box if move is less than 50 miles further than current commute	

B. Travel & Lodging Expenses for moving from old to new home

 Depart Date _____ Arrival Date _____

 Lodging Exp: # of nights _____

 Personal Auto Mileage _____ @ .16 cents/miles

 Meals _____

 Other form of transportation (please specify-air, car rental) _____

C. Storage Costs of Household & Personal Effects (up to 30 days)
 from _____ to _____

D. Temporary Housing Expenses (up to 30 days)
 from _____ to _____

E. Notes:

Total Paid to Employee _____

Total Paid to 3rd Party _____

Signature _____ Date _____

Receipts are required for all reimbursed expenses, except personal mileage.