

Department \_\_\_\_\_

EMPLOYEE APPLICATION FOR INTRASTATE RELOCATION EXPENSE REIMBURSEMENT

EMPLOYEE INFORMATION

DATE \_\_\_\_\_

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

Division/Section \_\_\_\_\_ Supervisor \_\_\_\_\_

Date employed by Department \_\_\_\_\_

Dependents Living at Home: Number \_\_\_\_\_

Name	Relationship	Age

RELOCATION INFORMATION

Distance Between Old & New Locations (miles\*)

Old Address \_\_\_\_\_ New Address \_\_\_\_\_

1. Duty Station \_\_\_\_\_

2. Residence \_\_\_\_\_

3. Distance from Old Residence to: Old Duty Station \_\_\_\_\_; New Duty Station \_\_\_\_\_

4. Expected Date of Move \_\_\_\_\_ 5. Date of Transfer \_\_\_\_\_

6. Reason to Transfer \_\_\_\_\_

7. Is any other family member being reimbursed for this move? \_\_\_\_\_

8. Number of personal vehicles \_\_\_\_\_

*\*Distance between towns as shown on the official Georgia Highway Map published by the Georgia Department of Transportation should be used.*

ESTIMATED EXPENDITURES

Type of Expenditure

Estimated Amount

9. Transportation and Subsistence to Look for New Resident (number of days \_\_\_\_\_ and number of trips \_\_\_\_\_) \_\_\_\_\_

10. Transportation and Subsistence during move (No. of days \_\_\_\_\_) \_\_\_\_\_

11. Transportation of Household Goods (check the method to be used: \_\_\_\_\_ commercial moving van \*\* \_\_\_\_\_ self-move) \_\_\_\_\_

12. Utility reconnection \_\_\_\_\_

13. Other (specify) \_\_\_\_\_

Total \_\_\_\_\_

*\*\*If a commercial moving company is to be used to transport household goods, please enter required information on the back of this form. (over)*

MOVING COMPANY INFORMATION

(This section is to be completed, where applicable, if you anticipate transporting your household goods within a commercial moving van.)

15. Complete as appropriate:

a.  Commercial Moving Van

Number of Rooms of Furniture to be Moved \_\_\_\_\_ Estimated Weight

16. Estimated value of household goods \$ \_\_\_\_\_

17. Name and Address of Moving Company Contacted: \_\_\_\_\_

18a. Services Provided by Moving Company (for example: packing, wardrobe, etc. Some are not reimbursable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Estimated Cost \$ \_\_\_\_\_ (Include in the Estimated Expenditure Section, Line 11)

EMPLOYEE CERTIFICATION AND AGREEMENT

The information contained in this application is completed and accurate. I also understand that my receipt of funds for the reimbursement of allowable expenses resulting from the relocation described in this application will obligate me to work for this department in the new location for at least twelve (12) months from the date the relocation is completed, unless separated or transferred for reasons beyond my control and acceptable to the department or to refund, in full, the amount reimbursed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

AUTHORIZATION

The relocation expense reimbursement applied for is recommended as being in accordance with State law and with State and department regulations governing relocation expense reimbursement.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

Sufficient funds are available within the department's budget to cover the relocation expenses estimated in this application.

\_\_\_\_\_  
Fiscal Officer

\_\_\_\_\_  
Date

The relocation described in this application is hereby authorized and certified to be in the best interest of the department and the State of Georgia.

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date