

Department _____

EMPLOYEE INTRASTATE RELOCATION EXPENSE VOUCHER

EMPLOYEE INFORMATION		DATE _____
Employee Name _____	Title _____	
Division/Section _____	Supervisor _____	

RELOCATION INFORMATION	
Residence: <u>Old Address</u>	<u>New Address</u>
Street _____	Street _____
City/Town _____	City/Town _____
Distance between Cities/Towns _____ miles	(Refer to Shipper's bill of lading)
Automobile Tag #1	Automobile Tag #2

EXPENDITURE INFORMATION	
LOOKING FOR A NEW RESIDENCE	
1. Is new residence more than 100 miles from the old residence? _____ (If no, complete only the mileage part of this section).	
2. Number of trips made to new location. _____	
3. Number of total days and nights spent on trips. _____	
4. Meals	
a. Actual cost of meals from travel statement	= \$ _____
b. Employee /Dependent Name	1 st Day Max Meal* 2 nd Day Max Meal* 3 rd Day Max Meal*
_____	_____ _____ _____
_____	_____ _____ _____
_____	_____ _____ _____
c. Total Max. Meals	_____ + _____ + _____ = \$ _____
d. Enter the lesser amount of line 4a or line 4c.	= \$ _____
5. Lodging:	
a. Actual cost of lodging from travel statement	= \$ _____
b. Number of nights _____ X \$ _____ (motel rate**)	= \$ _____
c. Enter the lesser amount of line 5a or line 5b	= \$ _____
6. Mileage:	
a. 1 st trip _____ miles @ \$ _____ per mile ***	= \$ _____
b. 2 nd trip _____ miles @ \$ _____ per mile ***	= \$ _____
c. 3 rd trip _____ miles @ \$ _____ per mile ***	= \$ _____
d. Total for all trips	= \$ _____
* Daily meal rate shall not exceed the Statewide Travel Regulations rate for each adult and one-half of that rate for each child. Children over 12 years old receive adult meal rate. Meals will not be paid unless there is overnight lodging.	
** The double occupancy rate for one room may be paid up to three (3) nights.	
*** Use the statutory mileage reimbursement rate.	

TRANSPORTING HOUSEHOLD GOODS (Refer to Shipper's bill of lading)	
7. Cost of Move by Commercial Moving Company	
a. Transportation Cost:	
(1) Actual shipping weight _____ lbs. X \$ _____ (Shipper's Rate) = \$ _____	
(2) Enter the total amount	= \$ _____
TRANSPORTING HOUSEHOLD GOODS (Continued)	
b. Containers, Packing and Unpacking:	

STATE OF GEORGIA

Exhibit 2

(1) Actual Cost – Containers, Packing and Unpacking \$ _____ - Special Handling (describe)

\$ _____

Total Actual cost = \$ _____

(3) Enter the total amount = \$ _____

c. Servicing of Appliances: (Not Allowed) = \$ _____

d. Valuation Insurance:
 a. Actual cost of insurance = \$ _____
 b. Enter the total amount = \$ _____

8. Cost of Moves Made by Employee: (Do not complete if commercial mover used)
 a. Actual cost of vehicle rental (attach receipts) = \$ _____
 b. Actual cost of fuel and oil (attach receipts) = \$ _____
 c. Actual cost of rental of moving accessories (hand truck, etc. attach receipts) = \$ _____
 d. Employee-owned vehicle: Actual mileage _____ X \$ _____ = \$ _____
 e. Labor costs up to maximum of \$500 (attach receipts) = \$ _____
 f. Total cost of self move = \$ _____

9. Other Charges: (Check policy to see if charges are permitted, include utility reconnect charges here)
 _____ = \$ _____
 _____ = \$ _____
 _____ = \$ _____
 _____ = \$ _____
 = \$ _____

* Refer to the current Georgia Household Goods Movers Association, Inc. tariff available from the Motor Carrier Division of the Public Service Commission.

TRANSPORTING FAMILY TO NEW LOCATION

11. Meals: a. Actual cost of meals from travel statement = \$ _____

b. Employee/	1 st Day	2 nd Day
<u>Dependent Name</u>	<u>Max Meal*</u>	<u>Max Meal*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Total Max. Meals \$ _____ + \$ _____ = \$ _____

d. Enter the lesser amount of line 11a or line 11c = \$ _____

12. Lodging: a. Actual cost lodging from travel statement = \$ _____

b. Motel rate \$ _____ for _____ number of persons *** = \$ _____

c. Enter the lesser amount of line 12a or 12b = \$ _____

13. Mileage: a. 1st vehicle _____ miles X \$ _____ per mile **** = \$ _____

b. 2nd vehicle _____ miles X \$ _____ per mile **** = \$ _____

c. Total for vehicles = \$ _____

* Daily meal rate shall not exceed the Statewide Travel Regulations rate for each adult and one-half of that rate for each child. Children over 12 years old receive adult meal rate. Meals will not be paid unless there is overnight lodging.

** Up to a maximum of two nights.

*** The multiple occupancy rate for one room for (1) night.

**** Use the statutory mileage reimbursement rate.

TOTAL REIMBURSEMENT ALLOWED = \$ _____

EMPLOYEE CERTIFICATION AND AGREEMENT

The information contained in this expense voucher is complete and accurate. IN requesting reimbursement of the relocation expenses indicated, I understand and agree to the legal requirements to remain an employee of this agency in the new location for at least twelve (12) months from the date that the relocation is completed, unless separated or transferred for reasons beyond my control and acceptable to the agency, or to refund, in full, the amount reimbursed

Employee Signature

Date

The expenses shown on this voucher have been reviewed for accuracy and conformity with State and agency intrastate relocation reimbursement regulations and are considered to be reasonable and proper.

Agency Head

Date

The expenses on this voucher are certified to be reasonable and proper and are approved for payment for the amount of \$ _____.

Fiscal Officer

Date

This relocation was authorized on _____.
Date