

PLYMOUTH STATE UNIVERSITY  
Of the University System of New Hampshire

**MOVING EXPENSES**

**Request for Reimbursement - Faculty, PAT Staff, and Extension Educators**

DATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CAMPUS ADDRESS \_\_\_\_\_

PRESENT HOME ADDRESS \_\_\_\_\_  
Street City State

PREVIOUS HOME LOCATION \_\_\_\_\_  
Street City State

MILEAGE TO CAMPUS \_\_\_\_\_

Attach invoices or receipts for all services and expenses. See instructions on back of sheet for instructions and allowable maximums.

**A. Commercial mover**

Cost of moving furniture and household goods per invoice \$ \_\_\_\_\_ @ 50% \$ \_\_\_\_\_

**B. Rental truck or trailer**

Enter cost of rental or equipment \$ \_\_\_\_\_ @ 100% \$ \_\_\_\_\_  
@ 50% \$ \_\_\_\_\_

Enter cost of gasoline (if charged separately) \$ \_\_\_\_\_ @ 100% \$ \_\_\_\_\_  
@ 50% \$ \_\_\_\_\_

Enter cost of packing materials \$ \_\_\_\_\_ @ 100% \$ \_\_\_\_\_

Note: 100% will be reimbursed only if distance is less than 500 miles @ 50% \$ \_\_\_\_\_

1. Total of A and/or B \$ \_\_\_\_\_

2. Enter maximum allowance (per schedule on reverse of this form) \$ \_\_\_\_\_

3. Enter amount of line #1, or per line #2 maximum allowance, whichever is less \$ \_\_\_\_\_

\_\_\_\_\_  
Payee

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Dean or Director

\_\_\_\_\_  
President

\_\_\_\_\_  
Departmental Acct to be Charged  
Fund/Area/Org/Obj

\$ \_\_\_\_\_  
Amount

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR REIMBURSEMENT OF MOVING EXPENSES  
FOR NEW FACULTY, PAT STAFF MEMBERS AND EXTENSION EDUCATORS  
(FOR APPOINTMENTS EXPECTED TO EXCEED ONE YEAR)**

Upon recommendation of the appropriate dean or director, the University will reimburse the cost of moving furniture and household goods subject to the following maximums:

- Less than 500 miles:
  - a. rental equipment – 100% of cost - \$350 maximum payment
  - b. commercial carrier – 50% of cost
  
- 500 – 1000 miles:
  - a. regardless of method – 50% of cost - \$500 maximum payment
  
- More than 1000 miles
  - a. regardless of method – 50% of cost - \$750 maximum payment

Reimbursement will be made upon submission of this form with appropriate documentation to the cognizant dean or director. Request for reimbursement must be submitted within 180 days from the date of hire.

Notes:

- |  |
|--|
| <ul style="list-style-type: none"><li>• Highway toll charges are not reimbursable</li><li>• Reimbursement of one trip only will be allowed</li><li>• Exceptions to the maximum are provided only in cases where the Chief Executive Officer grants advance authorization</li></ul> |
|--|