

Attach supporting documentation to the back of this form

STATE OF IOWA

TP (RELO-EXP)

| | | | |
|-----------------------------------|---|-----------------------|-----------------------|
| EFFECTIVE DATE OF TRANSFER | TRAVEL PAYMENT FOR RELOCATION EXPENSES | DOCUMENT NUMBER | |
| MILES BETWEEN OLD & NEW RESIDENCE | | | |
| NAME AND HOME ADDRESS | ALT ADDRESS <i>(Send warrant to)</i> | OLD OFFICIAL DOMICILE | NEW OFFICIAL DOMICILE |

| CALENDAR YEAR | PRE-MOVE EXPENSES <i>(Looking for Residence)</i> | | | | | | | | | | | | | | | |
|---------------|--|----------|--------|----|--------------------------------|------|---------------------|-------------------------|-------|--------|--------------|---------------------------|--------|-----------------------------------|------------------|--------|
| MM/DD | TIME | | TRAVEL | | STATE VEHICLE PERSONAL VEHICLE | | | MEALS OBJT CODE 2585 | | | | LODGING OBJT CODE 2577 | | TRANSPORTATION AND OTHER EXPENSES | | |
| | LEFT | RETURNED | FROM | TO | MILES | RATE | CHARGE OBJT 2577 | BREAK | LUNCH | DINNER | ACTUAL TOTAL | REIMB TOTAL | ACTUAL | REIMB TOTAL | C O D E | AMOUNT |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | |

| CALENDAR YEAR | EXPENSES RELATED TO MOVING HOUSEHOLD GOODS <i>Pre-Move Exp Total</i> | | | | | | | | | | | | | | | |
|---------------|---|----------|--------|----|--------------------------------|------|---------------------|-------------------------|-------|--------|--------------|---------------------------|--------|-----------------------------------|------------------|--------|
| MM/DD | TIME | | TRAVEL | | STATE VEHICLE PERSONAL VEHICLE | | | MEALS OBJT CODE 2585 | | | | LODGING OBJT CODE 2577 | | TRANSPORTATION AND OTHER EXPENSES | | |
| | LEFT | RETURNED | FROM | TO | MILES | RATE | CHARGE OBJT 2577 | BREAK | LUNCH | DINNER | ACTUAL TOTAL | REIMB TOTAL | ACTUAL | REIMB TOTAL | C O D E | AMOUNT |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | |

| QUALIFIED EXPENSES OF BUYING / SELLING / LEASING REAL ESTATE | | | | | | | | | | <i>Moving Goods Exp Total</i> | | | | | | |
|--|----|-------|-------|-------|-------|-------|-------|-------|-------|-------------------------------|-------|-------|-------|-------|-------|-------|
| 2593 - Real Estate Commission | \$ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2580 - | \$ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ | _____ | _____ | _____ | _____ | _____ | _____ |
| | \$ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ | _____ | _____ | _____ | _____ | _____ | _____ |
| | \$ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ | _____ | _____ | _____ | _____ | _____ | _____ |
| | \$ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ | _____ | _____ | _____ | _____ | _____ | _____ |

| PREVIOUS CLAIMS PAID | | | TO BE COMPLETED BY EMPLOYER | | |
|----------------------|-----------|--|--|--|--|
| CLAIM NO. | PAID DATE | | | | |
| | | | MORTGAGE INTEREST DIFFERENTIAL (2594) (Attachment 4) _____ | | |
| | | | MARKET VALUE DIFFERENTIAL (2595) (Attachment 5) _____ | | |
| | | | INCOME TAX ASSISTANCE PAYMENT (2596) (Attachment 6) _____ | | |

| CLAIMANT'S CERTIFICATION | | | | | DEPARTMENT CERTIFICATION | | | | | | | | | |
|---|----|---------------------------------|----|-----------------|--------------------------|--|--|--|--|---|--|--|--|--|
| I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT/REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADVANCES SHOWN, AND I UNDERSTAND THE ROUTINE USES OF THIS FORM. | | | | | | | | | | I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY CODE OR CHAPTER SECTION(S): _____ | | | | |
| COMMUTING MILES EXCLUDED? | | TRAVEL INCLUDES VICINITY MILES? | | DIRECT DEPOSIT? | | TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE) | | | | | | | | |
| Yes | No | Yes | No | Yes | No | | | | | | | | | |
| TITLE | | | | | DEPT TO BE CHARGED | | | | | | | | | |
| CLAIMANT'S SIGNATURE | | | | | DATE | | | | | | | | | |

DOCUMENT TOTAL

WARRANT NO. _____ PAID DATE: _____