Attach supporting documentation to the back of this form

STATE OF IOWA

TP (RELO-EXP)

TRAVEL PAYMENT FOR RELOCATION EXPENSES

EFFECTIVE DATE OF TRANSFER

MILES BETWEEN OLD & NEW RESIDENCE

DOCUMENT NUMBER

NAME AND HOME ADDRESS	ALT ADDRESS *(Send warrant to)*	OLD OFFICIAL DOMICILE	NEW OFFICIAL DOMICILE

CALENDAR YEAR

PRE-MOVE EXPENSES *(Looking for Residence)*

	TIME		TRAVEL		☐ STATE VEHICLE ☐ PERSONAL VEHICLE			MEALS OBJT CODE 2585					LODGING OBJT CODE 2577		TRANSPORTATION AND OTHER EXPENSES	
MM/DD	LEFT	RETURNED	FROM	TO	MILES	RATE	CHARGE OBJT 2577	BREAK	LUNCH	DINNER	ACTUAL TOTAL	REIMB TOTAL	ACTUAL	REIMB TOTAL	?	AMOUNT
							0									
							0									
							0									
							0									
			TOTALS				0	0		0	0	0	0	0		0

CALENDAR YEAR

EXPENSES RELATED TO MOVING HOUSEHOLD GOODS

Pre-Move Exp Total **$ 0.00**

	TIME		TRAVEL		☐ STATE VEHICLE ☐ PERSONAL VEHICLE			MEALS OBJT CODE 2585					LODGING OBJT CODE 2577		TRANSPORTATION AND OTHER EXPENSES	
MM/DD	LEFT	RETURNED	FROM	TO	MILES	RATE	CHARGE OBJT 2577	BREAK	LUNCH	DINNER	ACTUAL TOTAL	REIMB TOTAL	ACTUAL	REIMB TOTAL	?	AMOUNT
							0									
							0									
							0									
							0									
							0									
			TOTALS				0			0	0	0	0	0		0

QUALIFIED EXPENSES OF BUYING / SELLING / LEASING REAL ESTATE

Moving Goods Exp Total **$0.00**

2593 - Real Estate Commission $ _____

2580 - $ _____

$ _____

$ _____

$ _____

$ _____

$ _____

$ _____

$ _____

$ _____

Qualified Expenses of Real Estate Total **$0.00**

TO BE COMPLETED BY EMPLOYER

PREVIOUS CLAIMS PAID	
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

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.

COMMUTING MILES EXCLUDED?	TRAVEL INCLUDES VICINITY MILES?	DIRECT DEPOSIT?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

DEPARTMENT CERTIFICATION

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):

TITLE	DEPT TO BE CHARGED	TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)
CLAIMANT'S SIGNATURE	DATE	

DOCUMENT TOTAL **$ 0.00**

WARRANT NO. _____ PAID DATE: _____