

EFFECTIVE DATE OF TRANSFER	<b>TRAVEL PAYMENT FOR RELOCATION EXPENSES</b>		DOCUMENT NUMBER
MILES BETWEEN OLD AND NEW RESIDENCE			
NAME AND HOME ADDRESS	ALTERNATE ADDRESS (send warrant to)	OLD OFFICIAL DOMICILE	NEW OFFICIAL DOMICILE

**PRE-MOVE EXPENSES: (Looking for residence)**

YEAR	TIME HH:MM A/P		TRAVEL		<input type="checkbox"/> STATE VEHICLE <input type="checkbox"/> PERSONAL VEHICLE			MEALS OBJT CODE 2585				LODGING OBJT CODE 2577		TRANSPORTATION AND OTHER EXPENSES			
	MM/DD	LEFT	RETURNED	FROM	TO	MILES	RATE IN CENTS	CHARGE OBJT CODE 2577	B	L	D	TOT	REIMB TOTAL	ACTUAL	REIMB TOTAL	C O D E	AMOUNT
								0.00				0.00					
								0.00				0.00					
								0.00				0.00					
								0.00				0.00					
								0.00				0.00					
								0.00				0.00					
								0.00				0.00					
<b>TOTAL</b>						00		0.00	0.00	0.00		0.00	0.00	0.00			0.00

**EXPENSES RELATED TO MOVING HOUSE/GOODS**

YEAR	TIME HH:MM A/P		TRAVEL		<input type="checkbox"/> STATE VEHICLE <input type="checkbox"/> PERSONAL VEHICLE			MEALS OBJT CODE 2583				LODGING OBJT CODE 2577		TRANSPORTATION AND OTHER EXPENSES			
	MM/DD	LEFT	RETURNED	FROM	TO	MILES	RATE IN CENTS	CHARGE OBJT CODE 2577	B	L	D	TOT	REIMB TOTAL	ACTUAL	REIMB TOTAL	C O D E	AMOUNT
								0.00				0.00					
								0.00				0.00					
								0.00				0.00					
								0.00				0.00					
								0.00				0.00					
<b>TOTAL</b>						00		0.00	0.00	0.00		0.00	0.00	0.00			0.00

**ADDITIONAL EXPENSES OF BUYING/SELLING/LEASING REAL ESTATE:**

2593 - Real Estate Commission	\$		\$	
2580	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

**TO BE COMPLETED BY EMPLOYER**

PREVIOUS CLAIMS PAID:	CLAIM #	PAID DATE	DESCRIPTION	AMOUNT
			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? Y <input type="checkbox"/> N <input type="checkbox"/>	TRAVEL INCLUDES VICINITY MILES? Y <input type="checkbox"/> N <input type="checkbox"/>	DIRECT DEPOSIT? Y <input type="checkbox"/> N <input type="checkbox"/>	WARRANT TO ALT ADDR? Y <input type="checkbox"/> N <input type="checkbox"/>
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**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	DEPARTMENT TO BE CHARGED
CLAIMANT'S SIGNATURE	DATE
TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)	

**DOCUMENT TOTAL**

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