

**KENYON COLLEGE
MOVING EXPENSE REIMBURSEMENT
SHEET**

Name:
Street:
City, State & Zip:

Date:

Moving from:

miles:

Total number of miles moved:

Total miles X \$2.00/mile

\$

Minimum \$1,000.00

Maximum \$4,000.00

Moving Expense Payments

**Amount to be
reimbursed to employee**

1.

1.

2.

2.

3.

3.
 a.
 b.
 c.
 d.
 e.
 f.
 g.
 h.
 i.

Taxable Amount Reimb. MOP

Non-Taxed Amt Reimb. MOA

TOTAL PAYMENT

\$

Signed by
Employee: _____

Approved by
Senior Staff: _____

Dated: _____

NOTE: Please attach all supporting receipts and documents!

KENYON POLICY REQUIRES RECEIPTS FOR ALL REIMBURSEMENTS OF \$25.00 OR MORE.