Kenyon College
Moving Expenses Payment Form

Name: ____________________________________________

Street: ____________________________________________

City, State, & Zip: _______________________________________

Date: ________________ Account charged: ______________

Moving from (City/State): ________________________________

Total number of miles moved: __________________________ $ __________

Total miles x $2.00/mile

Moving Expenses

1. Transportation and storage of household goods and personal effects: __________

2. Travel, lodging and fuel expenses from moving to new house: __________
   DO NOT include meals

3. Listing of miscellaneous expenses incurred (not included in items 1 & 2):
   a. ____________________________________________ __________
   b. ____________________________________________ __________
   c. ____________________________________________ __________
   d. ____________________________________________ __________
   e. ____________________________________________ __________
   f. ____________________________________________ __________
   g. ____________________________________________ __________
   h. ____________________________________________ __________

Total Moving Expense __________

TOTAL AMOUNT TO BE REIMBURSED:
If total moving expense is less than $1,000 then $1,00.00 will be reimbursed.

Employee Signature ___________________________________ Approved by Senior Staff

Note: Please Attach all supporting receipts and document and

Faculty return to Jalene Fox, Provost Office, Bailey House
Exempt employees return to Cathy Riel, Payroll, Eaton Center

IRS REGULATIONS REQUIRE RECEIPTS FOR ALL REIMBURSEMENTS OF $25.00 OR MORE