PERS 934
Revised 9.21.10

Illinois State University: Moving Expense Reimbursement

The Provost's Office can only reimburse faculty within the fiscal year of the move (July 1st to June 30th).
If you have new faculty who move in June or before, they must submit all paperwork by July 15th.
Late submissions will require reimbursement with College and/or Department/School Foundation funds.

The Provost's office will reimburse one-half of eligible moving expenses, up to a maximum reimbursement of $2,000. Other funds may be allocated from within units to support additional moving expenses. **Recruitment funds are only allocated for new tenure tack faculty and some general revenue funded, full-time AP's within Academic Affairs if funds allow.** For more information, contact Destini Martinez at 438-2158.

1. Employee must be under contract and move completed prior to submitting moving expenses for reimbursement.
2. Itemize all expenses and attach receipts, canceled checks or affidavits to verify expenditures.
3. New employees should submit the form and all receipts to their immediate supervisor.
4. Reimbursement is limited to costs associated with one direct move from the employee's former residence to a point within reasonable commuting distance from campus.
   a. If the new employee drives a truck (such as a UHaul), reimbursement will include truck rental and fuel purchases.
   b. If a trailer is pulled, reimbursement will be for the trailer rental and mileage at the State of Illinois rate.
   c. Reimbursement is allowed for boxes and packaging materials, including packing tape (with receipts).
   d. Reimbursement is allowed for the cost of help loading and unloading belongings. Proof of payment is required.
   e. Reimbursement is allowed for toll road charges, with submitted receipts.
   f. The following items are not reimbursable: personal or family expenses connected with the move (examples: airfare, meals, lodging costs, mileage for personal vehicle); furniture storage; costs of transporting animals; cost of transporting an automobile; mileage to drive a personal vehicle if a moving company or rental truck is used.

Name _____ ID _____
Date of move _____ Department _____
Moved from _____ to (local address) _____

Itemized expense	Cost
Total costs	$0.00

Signatures/Authorization
I certify that the above statements are accurate.
x _____ Date: _____
Employee requesting reimbursement
After signing, please forward to unit Supervisor, Chair or Fiscal Agent.

Position Number:_____ Dept. Contact:_____Phone:_____

Department/College/School/Unit allocation **(if any): [Leave blank if you will not be allocating GR]**
General Revenue: Amount- $_____Dept. Account #-_____
Note: Reimbursement from a Foundation account requires a separate Foundation voucher submitted directly to Foundation.

x _____ *Date:* _____
Department/School Chair/Supervisor
After signing, please forward to Provost (attn: Destini Martinez, Campus Box 4000) or appropriate Vice President

PROVOST APPROVAL

Voucher #:_____ Provost Account #:_____

Total Amount Approved:_____

(Provost Portion:_____ Dept. Portion:_____)

Fiscal Agent Signature:_____ Date:_____