

Illinois State University: Moving Expense Reimbursement
Recruitment funds are only allocated for new Tenure Track Faculty

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 10th.
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. For more information, contact Destini Fincham 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.**

Position Number _____ Department/School Contact _____ Phone _____
 Fiscal Year of Move _____

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

Itemized expense	Cost
Total costs	

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.

DEPARTMENT/SCHOOL/COLLEGE ALLOCATION
 (Complete only if you will be allocating GR)

Note: Reimbursement from a foundation account requires a separate foundation voucher submitted directly to the Foundation Office.

Department Account #: _____ Department/School Amount _____

Department/School Chair Supervisor: _____ Date: _____

After signing, please forward to Provost (Destini Fincham, Campus Box 4000)

PROVOST ALLOCATION

Voucher # _____ Provost Account # _____

Total Amount Approved _____

(Provost Amount _____ Department/School Amount _____)

Fiscal Agent Signature _____ Date _____