



EMPLOYEE CERTIFICATION MOVING EXPENSE REIMBURSEMENT

I certify that to the best of my knowledge the following information is accurate:

Distance from my former residence to former job site: Miles _____

Distance from my former residence to new job site: Miles _____

I have attached original receipts relating to the movement of my household goods and personal effects totaling the amount below:

Any additional reimbursement amount is itemized and explained in detail (with receipts attached) in the space provided below.

Employee Name: _____

Date: _____

Employee Signature: _____