

- Form must be completed and attached to an Accounts Payable Voucher, along with the original Authorization for Moving Expense Reimbursement Form.
- Forward all documentation and original receipts which show method of payment (hotel/motel receipts MUST show - \$0- balance) to the Accounting office.
- Please refer to the Accounting office web site [www.ndsu.edu/accounting](http://www.ndsu.edu/accounting) for Moving Expense Policies and Procedures.

Employee Name: \_\_\_\_\_ Employee ID#: (if known) \_\_\_\_\_

Visa Type: (required for Non-Resident Aliens) \_\_\_\_\_

Permanent HOME Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pre-move/House Hunting Dates/Times: \_\_\_\_\_

**Expenses to be Reimbursed:** All expenses are taxable <sup>1</sup> - Account Code 521055

**Meals:** (per diem based on current employee in-state and out-of-state rate listings); Receipts are NOT required for meals.

	Rate		Number of Meals	=	Total
Breakfast:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Lunch:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Dinner:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Meal Total:					<input type="text"/>

**Mileage:** Receipts are NOT required for mileage.

Total Miles		Mileage Rate	=	Total
<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Mileage Total:				<input type="text"/>

**Lodging:** Receipts ARE required for lodging.

Lodging Total:

**Airline:** Original detailed invoice or electronic ticket invoice required. Class must be included.

Airline Total:

**Miscellaneous:** Itemize each expense and applicable amount.

Please use another sheet if needed. Original receipts required.

Miscellaneous Total:

**TOTAL EXPENSES:**

**TOTAL AMOUNT AUTHORIZED:**

"I hereby certify this itemized statement representing a reimbursement claim for moving expenses is truthful and accurate. All expenses claimed comply with my institution's moving expense policy, as well as State Board of Higher Education Policy and the North Dakota Century Code." Expenses claimed have not been paid by the state through direct payments or a state credit card, and have not been reimbursed or directly paid by an affiliated foundation or an outside entity.

Employee Traveler's Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

Route form to:  
Accounting Office  
Old Main 11  
Phone (701) 231-7432  
Fax (701) 231-6194

<sup>1</sup> Expenses limited to Employee & Spouse: Airline - 1 round trip; Lodging - 3 nights lodging; Meals - 3 days per diem; Personal vehicle mileage - 1 round trip to new work location; Misc - Taxi, Parking; Car Rental - 3 days.