

# Southwestern University

## 2026 Moving Expense Summary

**NOTE:** ATTACH ALL ORIGINAL RECEIPTS to the completed form and forward to the Business Office for processing. The Business office will review and may contact you if further information is needed. The moving expense reimbursement is subject to income taxes under current IRS regulations. Please call 512-863-1930 (Sally Volling) if you have questions.

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Number of Household Members (including employee):** \_\_\_\_\_

**Former Residence:** \_\_\_\_\_

**Date of Departure:** \_\_\_\_\_

**New Residence:** \_\_\_\_\_

**Date of Arrival:** \_\_\_\_\_

| Expenses  | Amount |
|---|--------|
| Transportation – Common Carrier (Example: Allied Van Lines)   |        |
| Transportation – Non Common Carrier (Example: U-Haul)   |        |
| Storage Date: From: _____ To: _____   |        |
| Packing/Shipping  |        |
| Moving Supplies   |        |
| Mileage from former home to new home/Number of miles multiplied by the mileage rate of .725<br>Beginning Odometer reading - _____ Ending Odometer reading _____<br>Number of Miles: _____ |        |
| Airfare for employee and household members in route to new home   |        |
| Lodging for employee and household members in route to new home   |        |
| Meals for employee and household members in route to new home ( <i>itemized receipts are required</i> )   |        |
| Other (please specify):   |        |
| <b>Total Moving Expenses Incurred</b>   |        |
| <b>Maximum Amount Allowed for Reimbursement per appointment letter</b>  |        |
| <b>Total Moving Reimbursement</b>   |        |

I certify that the expenses listed above were incurred by me as a result of moving and relocating my primary residence.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For HR Office only:*  
Reimbursement allowed per appointment letter: \_\_\_\_\_  
\_\_\_\_\_  
*Human Resources Authorization*

*For Business Office only:*  
Taxable Expense \_\_\_\_\_  
\_\_\_\_\_  
**GL Account**