



Relocation Request Form

To minimize the inconvenience and hardship for new Regular faculty, staff, and their families, the university may pay their moving and related expenses provided funds are available in the department office or college operating budgets. The policy applies only to individuals who are being employed for the first time and are required to relocate from their residences in other geographical areas to Columbus or to a city where a regional campus is located. Receipts are required for all reimbursable items with the exception of meals and local travel, which must be itemized. Mileage is reimbursed at the current IRS rate or gasoline receipts may be submitted.

Name _____ Employee ID Number _____

Telephone No. _____ E-mail address _____

Mailing Address _____

Title _____ Hire Date _____ Posting No. _____

Spouse/Partner (if applicable) _____ Paid Monthly Biweekly (to be completed by the department)

Dependent child(ren), name(s) and age(s) (if applicable) _____

Reason for completing form: Move House Hunting Temporary Housing (complete a separate form for each reason)

The Ohio State University will reimburse relocation expenses incurred for one trip (employee and family) from the old residence to the new residence. If reimbursement for house-hunting expenses is requested, one trip, not to exceed five days, will be reimbursed. Please see Policy 2.30 –Relocation Expenses at hr.osu.edu/policy/policyhome.htm.

Day/Date	1/	2/	3/	4/	5/	Total
Shipping Household						
Moving Company						
Rental Truck						
UPS/Other						
U.S. Mail						

Travel Points from _____ to _____, Ohio

Expenses						
Mileage or Gasoline						For 7/1/11-12/31/11 _____ miles @ \$.235/mi = For 1/1/12-12/31/12 _____ miles @ \$.23/mi =
Personal Auto(s)						
Rental Truck						
Tolls						
Airfare (Coach only)						
Rental Car (Economy only)						
Taxi/Limousine						
Parking						
Packing Supplies						
Other						

Lodging *Follow current federal per diem rates for city involved.* Personal telephone calls are not reimbursable.

--	--	--	--	--	--	--

Meals *Maximum: current federal per diem rates. Alcoholic beverages and tips are not reimbursable.*

Breakfast – 25% of the per diem rate						
Lunch – 25% of the per diem rate						
Dinner – 50% of the per diem rate						

Additional Expenses (list each item and amount)

Charges for labor are to be receipted and cannot be reimbursed to members of the immediate family **TOTAL** _____

Employee Signature _____

**Department: Attach this form and original receipt(s) to a Relocation Check Request form and return to:
Payroll Services, 2nd Floor Lobby, Blankenship Hall, 901 Woody Hayes Dr. Columbus, OH, 43210-4016**