Pittsburg State University Employee Moving Expense Reimbursement Form

Business Office • Room 110, Russ Hall • Phone: 620-235-4157

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Business Office Audit/Date:___

Notes:

Step 1: E	mploye	e Information:						
Name:			PSU	Employee ID#:	Last 4 digits	_Last 4 digits of Employee SSN:		
				t to be issued with pay alculated in Step 3 below.	roll check\$			
	Expense	Agreement, an		may only be paid afte				
				loyee Moving Expense Id be attached for each			alculation	
Reimbur	rsement	Amount by Ex	pense Item:					
	Moving Company			Mileage (Attac	Self-Move	Container		
	Moving Truck Fuel			Car Rental	Lodging			
	Moving Truck Rental			Car Rental Fu	ıel	Airfare		
	F	acking Materia	ıl	Storage		Parking		
	N	Meals (Attach M&II	Sheet)	Other				
	т	OTAL All Reimb	ursement Items					
	-	unding: 1241.4	1210305.51110 ursement:	0.0.0.0.0.0 Payr	oll Code: MVT			
	Fund	Cost Center	Account	Dept Cost Center	Dept Account	Amount	\neg	
			76602P			\$	_	
			76602P 76602P			<u> </u>	_	
	NOTE: Thi	s form will serve		Request from PSU Found	 ation funding to reim		 oll clearing.	
		-				,		
o T o E o A	DA-22 M Three firm Bill of lact All other M&IE wo	oving Expense m bids obtaine	d from comme ts (Moving Com se receipts	iginal signed form) rcial carriers (Moving npany Only)	Company Only)			
subject t employe	to emplo er expen	oyer payroll ta	ixes (Social Sec	nts to the Business Courity, Medicare, D&I actual reimburseme), UCI, and WC Gr	oss), resulting in a	an increased	
Employe	e Signat	ure:			Date	:		
Linploye	.c oignat	u. c.			Bate			

Routing: DA-22 Reimbursement Form & Attachments: Original to President's Office Copy to Payroll for Payment Original Maintained in Business Office