



To obtain reimbursement, the employee must complete this form and submit it to Relocation/Talent Acquisition with necessary documentation. Only employees with relocation assistance and amounts up to amount in offer letter will be reimbursed. Receipts are required for all reimbursable items (with the exception of meals and local travel), which must be itemized on this form. Mileage is reimbursed at the current IRS moving rate or gasoline receipts (which must be submitted). Please see [Policy 2.30, Relocation Expenses](#) for full details. Please use the [U.S. General Services Administration website](#) for current per diem rates.

SECTION 1: PERSONAL INFORMATION

Employee Name	Employee ID #
Title	Hire Date
Ohio State Name.Number Email Address	
Mailing Address	
Legal Spouse/Partner (if applicable)	Legal Dependent child(ren), name(s) and age(s) over the age of 1 (if applicable)
Reason for completing form (complete a separate form for each reason): <input type="checkbox"/> Move <input type="checkbox"/> House Hunting <input type="checkbox"/> Temporary Housing	

SECTION 2: EXPENSES

Day/Date						Total
Shipping Household						
Moving Company						
Rental Truck						
UPS/Other						
U.S. Mail						
Travel Points	from _____ to _____, Ohio					
Expenses						
Mileage or						For 1/1/23-12/31/23 miles @ \$.21/mi =
Gasoline						
Personal Auto(s)						
Rental Truck						
Tolls						
Airfare (Coach only)						
Rental Car (Economy only)						
Taxi/Limousine						
Parking						
Packing Supplies						
Other						
Lodging <i>Follow current federal per diem rates for city involved.</i>						
Meals <i>Maximum : current federal per diem rates. Alcoholic beverages and tips are not reimbursable.</i>						
Breakfast						
Lunch						
Dinner						

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SECTION 2 CONTINUED: EXPENSES

Additional Expenses (list each item and amount)

Note: Charges for labor are to be receipted and cannot be reimbursed to members of the immediate family.

TOTAL

SECTION 3: VERIFICATION

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Employee's Signature

Date

Please submit this completed form and all receipts/mileage documentation to Relocation@osu.edu.