



**COUNTY OF STANISLAUS
MOVING EXPENSE CLAIM FORM**

Employee Name: _____ **ID#** _____

Department: _____ **Date:** _____

(1) Claims MUST be certified by the claimant and the proper authority before being filed, reviewed, and approved with the County Auditor. _____ **Auditor Department Approval.**

(2) All necessary receipts MUST accompany this claim, i.e. household goods, lodging, travel etc.

Position Classification, Check one box only:

_____ **Department Head**

_____ **Management**

Date	Description of Reimbursement	Amount	
		Dollars	Cents
	Deductible moving expenses (MVN):		
	1. Moving of household goods and personal effects.		
	2. Traveling (including lodging but not meals) to a new home.		
	3. Travel by car (either actual expense or standard mileage at 12 cents a mile)		
	4. Storage Expenses (household goods and personal effects)		
	Total Deductible moving expenses (MVN):		
	Non Deductible Taxable Moving Expenses (MTX): (Expenses approved by a Department Head for reimbursement but excluded by the IRS code)		
	TOTAL:		
Total claim: \$ _____		I HEREBY CERTIFY that the above listed expenditures are in compliance with current Moving Expense Guidelines; and that the costs were incurred for purposes that relate directly to the employee's present position. _____ Department Head Signature	
Total Authorized: \$ _____			

I HEREBY CERTIFY that the above claim and the items, amounts and statements are true and correct; that no part thereof has been paid; that the amount claimed is justly due and consistent with the County Moving Expense Policy.

Employee Signature: _____