



NORTH CAROLINA A&T STATE UNIVERSITY MOVING EXPENSE COST ESTIMATE WORKSHEET

1. Name: _____ Date: _____
2. Street Address: _____ City: _____
3. State: _____ Zip: _____ Phone: (____) _____
4. Banner ID: _____ Department: _____
5. Fund: _____ Org: _____ Acct: **73903** Program: _____

Tax Reportable Moving Expenses

6. Cost of Rental Truck to move household items: \$ _____
(Attach copies of at least two quotes for the move.)
7. Cost of supplies purchased to package or crate goods: \$ _____
8. Cost of professional moving company *(Attach two quotes.)*: \$ _____
9. Cost of shipping household items: \$ _____
10. Cost to store household items for a maximum of 30 days from the date of arrival: \$ _____
11. Cost of connection or disconnection utilities due to move: \$ _____
12. Cost to ship vehicle or _____ \$ _____
13. Reimbursable Mileage: Miles ____ @ State Budget rate \$ _____
14. Cost to ship household pets: \$ _____
15. Lodging cost for members of household during move: \$ _____
16. Airfare for members of household: \$ _____
17. Parking or tolls paid during move: \$ _____
- 18. Total Authorized Moving Expenses:** \$ _____

Employee Signature: _____

Supervisor Signature: _____

Department Head Signature: _____

Vice Chancellor or Chancellor Signature: _____

Budget Approving Authority Signature: _____

(For payments to be made from contract/grant accounts, approval should be given by Contracts & Grants Office)

Note: Attach appropriate documentation of expenses (receipts, etc.)