



Arkansas-Louisiana Conference of Seventh-day Adventists

Moving Expense Report

Name: _____

Traveled From: _____ Traveled To: _____

Taxable Expenses:

Mileage:

(Total Miles Driven _____ x Mileage Rate \$0.42 x # of cars _____) = \$ _____

Hotel: (Attach Receipts) \$ _____

Per Diem:

Employee Only: \$54 x Days Traveled _____ = \$ _____

Employee and Spouse: \$81 x Days Traveled _____ = \$ _____

Children: \$27 x Days Traveled _____ = \$ _____

Total Per Diem \$ _____

Other Expenses: (Specify and Attach Receipts)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Moving Allowance: \$770 Employee Only, \$1540 Employee and Spouse \$ _____

GRAND TOTAL \$ _____

Employee Signature

Date

*Mileage Rate \$0.42 per mile

*Per Diem Rate: Employee Only \$54 per day, Employee and Spouse \$81 per day, Children \$27 per day

Return this form to Human Resources.
Please keep a copy of this form for your records.