Attachment B, DJJ 2.7

DEPARTMENT OF JUVENILE JUSTICE
EMPLOYEE INTRASTATE RELOCATION EXPENSE VOUCHER

EMPLOYEE INFORMATION

DATE __________________________

Employee Name _______________________________________ Title ______________________________________
Division/Section _______________________________________ Supervisor __________________________________

RELOCATION INFORMATION

Residence: Old Address New Address

Street _______________________________________ Street ______________________________________
City/Town _______________________________________ City/Town ______________________________________

Distance between Cities/Towns _______ miles (Refer to shipping bill)

Automobile Tag #1 ___________________________ Automobile Tag #2 ___________________________

EXPENDITURE INFORMATION

LOOKING FOR A NEW RESIDENCE

1. Is new residence more than 100 miles from old residence? Yes No (If no, complete only the mileage part of this section)
2. Number of trips made to new location. _______
3. Number of total days and nights spent on trips. _______
4. Meals
   a. Actual cost of meals from travel statement =$________
   b. Employee or
      1st Day 2nd Day 3rd Day
      Dependent Name Max Meal* Max Meal* Max Meal*
      ____________ _________ _________ _________
      ____________ _________ _________ _________
      ____________ _________ _________ _________
   c. Total Max. Meals _________ + _________ + _________ =$ __________
   d. Enter the lesser amount of line 4a or line 4c. =$ __________
5. Lodging:
   a. Actual cost of lodging from travel statement =$ __________
   b. Number of nights ____ X $ _______ (motel rate**) =$ __________
   c. Enter the lesser amount of line 5a or line 5b =$ __________
6. Mileage:
   a. 1st trip ________ miles @ $ ________ per mile *** =$ __________
   b. 2nd trip ________ miles @ $ ________ per mile *** =$ __________
   c. 3rd trip ________ miles @ $ ________ per mile *** =$ __________
   d. Total for all trips =$ __________

* Daily meal rate shall not exceed the Statewide Travel Regulations rate for each adult and on-half of that rate for each child. Children over 12 years old receive adult meal rate. Meals will not be paid unless there is overnight lodging.
** The double occupancy rate for one room may be paid up to three (3) nights.
*** Use the statutory mileage reimbursement rate.
TRANSPORTING HOUSEHOLD GOODS (Refer to Shipper’s bill of lading)

7. Cost of Move by Commercial Moving Company
   a. Transportation Cost:
      (1) Actual shipping weight ____________ lbs. X $ _________ (Shipper’s Rate) =$ _________
      (2) Maximum weight allowed 11,000 lbs. X $ ___________ (Shipper’s Rate) =$ _________
      (3) Enter the lesser amount of line 7a or line 7b =$ _________
   b. Containers, Packing and Unpacking:
      (1) Actual Cost – Containers, Packing and Unpacking $ _________
      Special Handling (describe) ___________________________ – $ _________
      Total Actual cost =$ _________
      (2) Actual cost $ ________ X (11,000 lbs / Actual weight _____ lbs) =$ _________
      (3) Enter the lesser amount of line 8a or line 8b =$ _________
   c. Servicing of Appliances: (Not Allowed) =$ _________
   d. Valuation Insurance:
      a. Actual cost of insurance =$ _________
      b. Actual shipping weight _____________ lbs X $.02625 per lb =$ _________
      c. Maximum weight allowed 11,000 lbs. X $.02625 per lb =$ _________
      d. Enter the lesser of amount of line 10a, line 10b, or line 10c =$ _________

8. Cost of Moves Made by Employee: (Do not complete if commercial mover used)
   a. Actual cost of vehicle rental (attach receipts) =$ _________
   b. Actual cost of fuel and oil (attach receipts) =$ _________
   c. Actual cost of rental of moving accessories (hand truck, etc. attach receipts) =$ _________
   d. Employee-owned vehicle: Actual mileage _________miles @ $ _______ __ per mile =$ _________
   e. Labor costs up to maximum of $100 (attach receipts) =$ _________
   f. Total of cost of self move =$ _________

9. Cost of Moving a Mobile Home:
   a. Actual cost of moving mobile home =$ _________
   b. Cost of transporting 11,000 lbs X $ ______________ Rate** + $999 =$ _________
   c. Enter the lesser amount of line 12a or 12b =$ _________

10. Other Charges: (Check policy to see if charges are permitted, include utility reconnect charges here)
    ____________________________________________________________________ =$ _________
    ____________________________________________________________________ =$ _________
    ____________________________________________________________________ =$ _________
    ____________________________________________________________________ =$ _________

* Use actual shipping weight up to the maximum of 11,000 lbs.
** Refer to the current Georgia Household Goods Movers Association, Inc. tariff available from the Motor Carrier Division of the Public Service Commission.

TRANSPORTING FAMILY TO NEW LOCATION

11. Meals
    a. Actual cost of meals from travel statement =$ _________
    b. Employee or Dependent Name 1st Day 2nd Day 3rd Day
       Max Meal* Max Meal* Max Meal*
       ______________ ________ ________ ________
       ______________ ________ ________ ________
       ______________ ________ ________ ________
       ______________ ________ ________ ________
    c. Total Max. Meals __________ + __________ + _________ =$ _________
    d. Enter the lesser amount of line 4a or line 4c. =$ _________
TRANSPORTING FAMILY TO NEW LOCATION (continued)

12. Lodging:
   a. Actual cost of lodging from travel statement = $ __________
   b. Number of nights ___ X $ ______ (motel rate**) =$ __________
      Enter the lesser amount of line 12a or line 12b =$ __________

13. Mileage:
   a. 1st vehicle _______miles @ $ ________ per mile *** =$ __________
   b. 2nd vehicle _______miles @ $ ________ per mile *** =$ __________
      Total =$ __________

* Daily meal rate shall not exceed the Statewide Travel Regulations rate for each adult and on-half of that rate for each child.
Children over 12 years old receive adult meal rate. Meals will not be paid unless there is overnight lodging.
** Up to a maximum of two nights.
*** The multiple occupancy rate for one room for one (1) night.
****Use the statutory mileage reimbursement rate.

TOTAL REIMBURSEMENT ALLOWED = $ __________

EMPLOYEE CERTIFICATION AND AGREEMENT

The information contained in this expense voucher is complete and accurate. In requesting reimbursement of the relocation expenses indicated, I understand and agree to the legal requirements to remain an employee of this agency in the new location for at least twelve (12) months from the date that the relocation is completed, unless separated or transferred for reasons beyond my control and acceptable to the agency, or to refund, in full, the amount reimbursed.

__________________________________________
Employee Signature

__________________________________________
Agency Head Signature

This relocation was authorized on _____________.

Date