

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 Date

The expenses shown on this voucher have been reviewed for accuracy and conformity with State and agency intrastate relocation reimbursement regulations and are considered to be reasonable and proper.

Agency Head Signature Date

The expenses on this voucher are certified to be reasonable and proper and are approved for payment for the amount of:
\$ _____.

Fiscal Officer Signature Date

This relocation was authorized on _____.
Date