

Appendix 1

Form REL1 Claim for Reimbursement of Relocation Expenses

Name	Faculty/Dept	Emp. No	Tel Ext	Start Date

Post Title	Department	Date of Move

Relocated from (old address)	Relocated to (new and main residence)
Post code	Post code

Please list the relocation costs you wish to put forward for reimbursement and attach relevant, original and valid receipted VAT invoices. Where applicable, please also attach evidence of how you have attempted to minimise relocation costs. Use a continuation sheet where necessary

	Total £

I have read and understand the University's Relocation Expenses Policy. I understand and accept that, should my employment end within 12 months of receiving the reimbursement for my relocation expenses, I will repay all of my reimbursed relocation expenses on demand. This will decrease to 50% of all reimbursed relocation expenses should my employment end within 24 months of receiving the reimbursement for my relocation expenses. I agree to the University deducting any outstanding monies owed from my final salary payment.

I also confirm that my partner/spouse has not received relocation expenses through another employer and I am aware that any false claims made under this policy could lead to disciplinary action up to and including dismissal.

Claimant's Signature/Date

Authorised Signatory/Date	(relevant line manager)
Name in Print	

If the relocation expenses claim is for over £2,000 please provide your justification below.

SRG Signatory/Date claims over £2,000)	(only required for
Name in Print	
HR Partner Signatory/Date	
Name in Print	

Cost code to be used:

When signed by all authorised signatories, form to be submitted direct to the HR Department, Eric Wood Building