**Relocation Expenses Claim Form**

Terms & Conditions of Employment

**Please read the notes on Relocation Expenses before completing this form.**

Name:

Employee E-mail Address:

Employee Staff Number:

Job Title:

Department:

Start date:

|  |  |
| --- | --- |
| **Description of Expenses claimed** | **£ (Sterling)** |
|  |  |
|  |  |
|  |  |
| Total | £ |

**I confirm that I have not claimed any of these expenses before nor will I claim them from any other source.**

**Employee Signature: Date:**

**Director of Human Resources   
& Organisational Change: Date:**

**HR Cost Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**