

RELOCATION ASSISTANCE CLAIM FORM

All Claims to be presented within one year of commencement of employment (unless otherwise agreed under the 'exceptional circumstances' provisions). **Please ensure you give the claim value in the currency in which it was paid. The University will undertake any conversion at the point of reimbursement.**

NAME OF CLAIMANT: _____

DEPARTMENT/SECTION AND CAMPUS: _____

EMPLOYMENT START DATE: _____

Approved personal travel. Please provide details:	Claim value:	Invoice/proof of payment attached YES/NO*
Removal of household effects. Please provide details:	Claim value:	Invoice/proof of payment attached YES/NO*
Sale/purchase of property:	Claim value:	Invoice/proof of payment attached YES/NO*
Immigration costs. Please provide details:	Claim value:	Invoice/proof of payment attached YES/NO*
Other costs. Please provide details:	Claim value:	Invoice/proof of payment attached YES/NO*

SIGNED: _____

DATE: _____

Please return by email to: reward@essex.ac.uk, or by post to Human Resources, University of Essex, Wivenhoe Park, Colchester CO4 3SQ, Essex, UK.

For HR/Payroll use only:

EXPENDITURE APPROVED: _____

DATE: _____

RELOCATION ASSISTANCE CLAIM FORM

Relocation assistance claim continued...

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Other approved costs – please list items	Claim value:	Invoice/proof of payment attached YES/NO*

For HR/Payroll use only:

EXPENDITURE APPROVED: _____

DATE: _____