

## 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](mailto: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:** \_\_\_\_\_

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Relocation assistance claim continued...

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

For HR/Payroll use only:

**EXPENDITURE APPROVED:** \_\_\_\_\_

DATE: \_\_\_\_\_