



# HARVARD COLLEGE OBSERVATORY

## RELOCATION EXPENSE FORM

HUID:

Reimbursee Name:

Costs Incurred By:

Reimbursee

University

Relocation Purpose:

Date of Purchase (MM/DD/YYYY)	Expense Type	Description of Expense	Amount
<b>Subtotal Reimbursee Expenses (Reimbursement Amount):</b>			
<b>Fringe @ 8%:</b>			
<b>Total Direct Cost:</b>			

33-digit coding:

Tub	Org	Object	Fund	Activity	Sub	Root	Amount
		6200					
		6321					
		6200					
		6321					
<b>Must Match Total Direct Cost Amount Above:</b>							

*By signing below, I certify these are valid University business expenses*

Reimbursee Signature:

Administrator Signature:

Approved by (HCO Sponsored):

Approved by (Non-Sponsored):

**Please attach all original receipts to this form.**