

SECTION 2. SPOUSE AND DEPENDENT INFORMATION

Name of Spouse: _____ Number of Dependent Children: _____

Ages of Dependent Children: _____

Number of Other Dependent(s): _____ Relationship: _____

Is your spouse eligible to receive relocation reimbursement from an employer from outside the Newfoundland and Labrador Public Sector? _____ No _____ Yes

SECTION 3. MOVEMENT OF FURNITURE AND HOUSEHOLD EFFECTS

i) Number of rooms to be evacuated: _____ ii) Storage Required: _____ No _____ Yes

iii) Indicate services required*: _____ If yes, indicate number of week(s) _____

_____ Transportation _____ Crating, Packing, Unpacking _____ Reasonable Insurance

* Selection of moving company shall be made by the College of the North Atlantic on a quote basis

HUMAN RESOURCES USE ONLY:

Total Cost of Movers: \$ _____

Name of Moving Company: _____

Other information: _____

Request for Invoice Completed for Finance (if necessary) _____ Date Completed _____

SECTION 4. HOUSE-HUNTING TRIP (EMPLOYEE & ONE OTHER INDIVIDUAL) ESTIMATED COST

i) Transportation _____ Personal Vehicle _____ kms _____ Air _____ \$ _____
_____ Other (specify) _____

ii) Accommodation _____ Private _____ Commercial _____ Number of Days _____ \$ _____

iii) Meals _____ Number of people _____ Number of Days _____ \$ _____

iv) Child Care _____ Number of days _____ Date of Anticipated House Hunting Trip: ____/____/____M/D/Y

SECTION 5. MOVEMENT OF EMPLOYEE/DEPENDENTS

i) Transportation _____ Personal Vehicle _____ kms _____ Air _____ \$ _____
_____ Other (specify) _____

ii) Accommodation _____ Private _____ Commercial _____ Number of Days _____ \$ _____

iii) Meal _____ Number of people _____ Number of Days _____ \$ _____

SECTION 6. LUMP SUM TAXABLE PAYMENT OPTION

I wish to avail of the Lump Sum TAXABLE Payment Option and in doing so waive all claims to expenses included under Sections 3, 4 & 5: Movement of Furniture and Household Effects, House-Hunting Trip, and Movement of Employee/Dependents. I acknowledge the only expenses that I may claim are those outlined in the Sale and Purchase/Construction of Principal Place of Residence. I also acknowledge I must demonstrate that savings will be realized by the College and will provide a summarized listing of expenses complete with copies of official quotes for movers, travel, accommodation, etc. as required by the College to show how these savings will be achieved. I further acknowledge that if my spouse is eligible for reimbursement of relocation expenses as a NL Public Sector employee or from an employer outside the NL Public Sector, I am not eligible for this benefit.

Provisions - Please Check One:	Amount Requested:	\$ _____
<input type="checkbox"/> Up to \$5,000 - relocation _____ within Labrador OR _____ within the island portion of the Province		
<input type="checkbox"/> Up to \$10,000 - relocation between Labrador and the island portion of the Province		
<input type="checkbox"/> Up to \$10,000 - relocation between the Province and other Canadian Provinces or Territories		
_____	____/____/____	M/D/Y
Employee's Signature		

Documentation Provided:

House hunting Trip - Travel, accommodations, meals

Relocation Employee & Dependents - Travel, accommodations, meals

Three Moving Companies – Written quotes required

Relocation of Vehicles(s)

Connect/Disconnect Electrical, telephone, cable, etc.

Other - Specify: _____

SECTION 7. OTHER EXPENSES - SALE AND PURCHASE/CONSTRUCTION (Complete with initial request in order to submit future claim(s) for reimbursement)

Are you selling a principal place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF NO you are not eligible for the expenses below)	
i) Real Estate Fees (may not exceed 6% of the selling price of the Principle Place of Residence, within the maximum amounts noted in Section 13 of the Procedures)	\$ _____
ii) Legal Fees	\$ _____
iii) Duplicate Housing Costs	\$ _____
iv) Mortgage Fees (Insurance, Penalty, etc)	\$ _____
v) Appraisal Fees	\$ _____
vi) Interest Charges for Bridging Loan	\$ _____
TOTAL - Other Expenses	\$ _____
TOTAL - Expenses Sections 3, 4, & 5 ; or 6	\$ _____
GRAND TOTAL	\$ _____

SECTION 8. TRAVEL ADVANCE - ELIGIBLE ONLY FOR EMPLOYEES ON PAYROLL

i) Amount requested: \$ _____

ii) Date required: ____/____/____M/D/Y

SECTION 9. AUTHORIZATION

REQUESTED BY: _____ M/D/Y
EMPLOYEE'S SIGNATURE

RECOMMENDED BY; _____ M/D/Y
HUMAN RESOURCES MANAGER

APPROVED BY: _____ M/D/Y
PRESIDENT/EXECUTIVE DIRECTOR OF HR

HUMAN RESOURCES USE ONLY

_____ M/D/Y
Carrier Company Selected

_____ M/D/Y
Purchase Order Number

_____ M/D/Y
Travel Advance Issued

_____ M/D/Y
Travel Advance Returned

_____ M/D/Y
Agreement Received

_____ M/D/Y
Agreement Discharged

_____ M/D/Y
Unfilled Balance Received

Revised July 26, 2010