**Employee Information:**

|  |  |
| --- | --- |
| Name of Employee: |  |
| Institution: |  |
| Category of Staff: (e.g. Academic, Research) |  |
| Date employment commenced: |  |
| Email Address: |  |
| Telephone: |  |
| Correspondence Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Payroll Number: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Last four digits of Bank A/C: |  |  |  |  |  | | | | |

**Description of Expense:**

*(Receipted invoices and documents should be attached)*

|  |  |
| --- | --- |
|  | £ (Sterling) |
| 1. **Legal and other costs of sale and purchase of property** |  |
| Solicitors’ fees |  |
| Search, survey and property enquiry fees |  |
| Mortgage arrangement/redemption fees |  |
| Estate agents’ fees or advertising costs |  |
| Valuation Fees |  |
| Conveyancing |  |
| Stamp duty |  |
| Land registry fees |  |
| Registration fees |  |
| 1. **Removal and travel costs** |  |
| Removal costs |  |
| Excess baggage allowance |  |
| Travel costs |  |
| Storage costs |  |
| Total Claim (to maximum of £8,000) |  |

#### Employee Declaration:

I confirm that I am seeking reimbursement for relocation because I am changing my main residence and not acquiring a second home.

I agree that I will pay all or part of the amount reimbursed if I leave the University’s employment within three years, as specified in Repayment Conditions paragraph.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**Claim approved by (Head of Institution/comparable authority):**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Printed Name |  |  |  |

**Note to approving body:**

Send approved claims for centrally funded staff to [relocation@admin.cam.ac.uk](mailto:relocation@admin.cam.ac.uk).

Send approved claims for non-centrally funded staff to your School Finance Manager with your cost code inserted here: