

Employee Information:	Empl	oyee	Inform	ation:
-----------------------	------	------	--------	--------

Name of Employee:					
Institution:					
Category of Staff: (e.g. Academic, Research)					
Date employment commenced:					
Email Address:					
Telephone:					
Correspondence Address:					
Dovrall Number:					
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	
2. 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 <u>centrally funded staff</u> to <u>relocation@admin.cam</u>	.ac.uk.
Send approved claims for <u>non-centrally funded staff to your School Financ</u> code inserted here:	<u>ce Manager</u> with your cost