



# Hawaii Residency Programs, inc.

Kaiser Foundation Hospital • The Queen's Medical Center  
 Kuakini Medical Center • Hawaii Medical Center East • Straub Clinic & Hospital  
 Kapi'olani Medical Center for Women and Children • Wahiawa General Hospital  
 Department of Health • Department of Veterans Affairs  
 University of Hawaii, John A. Burns School of Medicine

## 2009-2010 Request for Moving Reimbursement

Resident Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program: \_\_\_\_\_ Account # \_\_\_\_\_ -6913

Request Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

ALLOWABLE MOVING EXPENSES	RECEIPTS SUBMITTED	AMOUNT
Cost of packing, crating, and transporting household goods and personal effects TO Hawaii.		\$
Cost of storing and insuring household goods and personal effects within any period of 30 consecutive days after the day things are moved from former home and before they are delivered to new home.		\$
Cost of connecting and disconnecting utilities.		\$
Cost of shipping a car and/or household pets TO Hawaii.		\$
Cost of Travel TO Hawaii for resident and lawful dependents (if receipt of Round Trip ticket provided, ½ of total is eligible for reimbursement).		\$
Cost of lodging in the area of former home within one day after resident could not live in former home.		\$
Cost of lodging while traveling to new home.		\$
Cost of lodging the day of arrival in Hawaii.		\$
TOTAL AMOUNT OF RECEIPTS SUBMITTED (copies attached):		
<b>TOTAL REIMBURSEMENT REQUESTED (may not exceed \$1,950)</b>		<b>\$</b>

NOTE: Request for reimbursement must be submitted within 150 days from date of employment. Itemized receipts and airline boarding passes must be attached to be eligible for reimbursement. Meals and temporary living expenses are not deductible. Refer to IRS Publication 521 for general guidelines; please direct specific questions to HRP.

Payment Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_