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|  | Aberdeen City Council | Appendix 1 |

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| **RELOCATION GUIDANCE**  **REIMBURSEMENT OF RELOCATION EXPENSES FORM** |

Please complete this form in **DARK INK** and **BLOCK CAPITALS** and submit it along with appropriate receipts/invoices (showing VAT paid and the VAT registration number of the supplier, where applicable) to the Business Manager or equivalent in your Directorate for authorisation by your Head of Service whereupon the details will be forwarded to the HR Service Centre for processing and payment of the amount into your bank/building society account.

**Appendix 1**

Claims may be made on a separate basis as and when expenses are incurred. However, all claims must be made **no later than 12 months** after your start date of employment.

**A. Employee details**

Full Name: ----------------------------------------------------------------------------

Service: ----------------------------------------------------------------------------

Job Title: ----------------------------------------------------------------------------

Payroll Number: ------------------------------- Location: --------------------------

Salary Grade: ------------------------------- Appointment Date: ---------------

Current Address: ----------------------------------------------------------------------------

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**B. Expenses Claimed**

(Please refer to the Relocation policy and associated Guidance for details of eligibility requirements and the maximum allowance claimable and attach appropriate receipts/invoices showing VAT paid and the VAT registration number of the supplier, where applicable)

1. PRE-EMPLOYMENT VISIT TO THE CITY / SURROUNDING AREA

**Travel costs: £.............................**

**Accommodation costs: £.............................**

**Subsistence costs: £ …………………**

**Combined Total: £**

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1. LODGING EXPENSES

**Amount Claimed: £……………………………**

1. COMMUTING EXPENSES

**Amount Claimed: £……………………………**

(note: please detail above how amount claimed was calculated if you commuted by car)

1. LEGAL/ESTATE AGENTS’ AND MORTGAGE FEES

**Amount Claimed: £……………………………**

1. REMOVAL/STORAGE EXPENSES

**Amount Claimed: £……………………………**

1. BRIDGING LOAN INTEREST

**Amount Claimed: £............................**

1. SETTLING-IN ALLOWANCE

**Amount Claimed: £……………………………**

C.TOTAL CLAIM **£**

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D.DECLARATION BY EMPLOYEE (Please tick appropriate box)

1. **For employees on permanent appointments or non-permanent appointments of 2 years or more**

**I certify below that in the event I do not complete 2 years’ service with the Council I will refund the Council the following sums:**

* **If leaving 0-6 months from start date of employment – repayment of all expenses advanced.**
* **If leaving 7-12 months from start date of employment – repayment of 50% of expenses advanced.**
* **If leaving 13-18 months from start date of employment – repayment of 25% of expenses advanced.**
* **If leaving 19-24 months from start date of employment – repayment of 12.5% of expenses advanced.**

**I also certify that my claim for relocation expenses is being made in accordance with the Council’s Relocation Policy and accompanying guidance.**

**Signature ……………………………………… Date …………………….**

1. **For employees on fixed term appointments of more than 12 months but less than 2 years (who are eligible for relocation expenses).**

**I certify that I will refund the Council an appropriate portion of monies received under the relocation policy, based on the duration of my contract, as determined by my Head of Service in consultation with the Director and Head of HR, should I decide to leave the Council prior to the end of my appointment.**

**I also certify that my claim for relocation expenses is being made in accordance with the Council’s Relocation Policy and accompanying guidance.**

**Signature …………………………………………….. Date ……………………**

**E. Authorisation for payment by Head of Service (following which reimbursement should be arranged by processing the above details through the Payroll Section with the amount paid into the employee’s bank/building society account).**

**Signature ………………………………………….. Date ……………….......**

**----------------------------------------------------------------------------------------------------------------------------**

For Payroll Use:

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| **Date Processed .....................................…..** | **Initials ....................………………………** |

**Form is placed in employee’s personal file following processing.**