

Relocation Claim Reconciliation Checklist

Employee Submission · HR Approval · Canada-Wide

SECTION A

Claim Identification

Complete all fields before submitting. Fields marked * are required.

Employee Full Name		Employee ID / Personnel No.	
<input type="text"/>		<input type="text"/>	
Job Title / Position		Department / Business Unit	
<input type="text"/>		<input type="text"/>	
Origin City & Province *	Destination City & Province *	Move Date *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer / Organization Name		Claim Reference No. (HR use)	
<input type="text"/>		<input type="text"/>	
Date of Submission *	Relocation Policy / Letter Reference		
<input type="text"/>	<input type="text"/>		

SECTION B

Expense Summary

Enter total claimed amount per category. Attach receipts for each line.

Expense Category	Claimed (\$)	Approved (\$)	Receipts Attached	Eligible (CRA)
Transportation & Moving Company	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Travel (employee/family)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Accommodation (up to 15 days)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals During Travel	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lease Cancellation Penalty	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Sale — Legal Fees & Commission	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Purchase — Legal Fees & LTT	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Connection / Licence Fees	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage (up to 15 days)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidental Costs (up to \$650)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL Description of 'Other' expenses (if applicable)	<input type="text"/>	<input type="text"/>		

SECTION C

Supporting Documents Checklist

Check each box to confirm the document is attached to this claim.

- Moving company invoice (signed, final)
- Vehicle mileage log with dates & addresses
- Hotel / accommodation folios
- Meal receipts or flat-rate log
- Lease cancellation agreement & payment proof
- Real estate commission agreement
- Statement of adjustments (home sale/purchase)
- Utility / licence fee receipts
- Storage invoice (if applicable)
- Employer relocation letter / assignment letter
- Proof of previous home address
- Proof of new home address
- Reimbursement / advance payment record
- Insurance claim (if damage occurred)
- T4A (if advance was paid by employer)
- Other supporting document (describe below)

Other document description:

SECTION D

40-Kilometre Rule Verification

Required for CRA deduction eligibility. Complete if employee is claiming on personal return.

Distance: Old Home to New Workplace (km) *Distance: New Home to New Workplace (km) Difference (must be >= 40 km)

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Mapping tool used (e.g. Google Maps)

Screenshot / printout attached?

Yes No

SECTION E

Prior Advances & Reimbursements

Disclose any amounts already received. These reduce the net claim.

Relocation advance received (\$) Date advance received Amount already reimbursed (\$) Net Amount Claimed (\$)

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Notes on advance / partial reimbursement:

SECTION F

Employee Declaration & Signature

Read carefully and sign. Submission confirms accuracy of all information.

I declare that all information provided in this claim is accurate and complete to the best of my knowledge. All receipts and supporting documents attached are genuine. I understand that submitting false or inflated claims may result in disciplinary action and repayment of any amounts claimed that have not been previously received from any other source, and that I am aware of CRA reporting requirements.

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* Submit this form with all receipts to your HR/Payroll representative or upload to your employer portal.

SECTION G — HR USE ONLY

Receipt & Document Audit

Verify each document submitted. Initial each row confirming review.

Document / Receipt	Amount Claimed	Amount Approved	Receipt OK?	HR Initials
Moving company invoice			<input type="checkbox"/>	
Vehicle mileage log			<input type="checkbox"/>	
Accommodation receipts			<input type="checkbox"/>	
Meal receipts / flat-rate log			<input type="checkbox"/>	
Lease cancellation docs			<input type="checkbox"/>	
Real estate / legal docs			<input type="checkbox"/>	
Utility / licence fees			<input type="checkbox"/>	
Storage receipts			<input type="checkbox"/>	
Incidental costs			<input type="checkbox"/>	
Other (as described)			<input type="checkbox"/>	
TOTAL CLAIMED / APPROVED				

SECTION H — HR USE ONLY

Policy Compliance Review

HR reviewer must confirm each item. Check all that apply.

- Move qualifies under company relocation policy (employee level / * move type confirmed)
- 40-km rule verified (if CRA deduction applies) *
- All receipts are original or certified copies (no photocopies without * certification)
- No duplicate submissions detected (cross-referenced prior claims) *
- Advance / prior reimbursement amounts correctly offset from total *
- Taxable benefit items identified and flagged for T4 Box 40 * reporting
- Home sale / purchase amounts do not exceed policy caps
- International move: work permit confirmed valid for assignment period
- Repayment clause reviewed and employee acknowledgement on file
- Claim submitted within policy deadline (e.g. 90 days post-move) *

SECTION I — HR USE ONLY

Reviewer Notes & Adjustments

Document any disallowed amounts, required corrections, or T4 flags.

T4 Box 40 taxable benefit amount (\$) — if applicable: Payroll notification date: Processed by (payroll ID):

SECTION J — HR USE ONLY

Final Approval & Sign-Off

Two-signature approval recommended for claims above the policy threshold.

Claim Decision: Approved in Full Approved — Partial (see notes) Returned to Employee Rejected

Signature *	Print Name *	Date *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Retain this completed form and all attachments for a minimum of 6 years per CRA retention requirements. A copy should be provided to the employee for their personal tax records.