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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Expatriate Relocation** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Interim Living Expenses in Home Country (Limited to 7 days)** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Interim Living Expenses in Host Location (Limited to 45 days)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **GO-1621-EX (Attach to form GO-1390-EX)** | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |  | |  | |
| Employee Name (First, Middle, Last) | | | | | | | E-Mail I.D. | | | Personnel Number | | | | | | | | | | | Payroll Transfer Date | | | | | |
|  | | | | | | |  | | |  | | | | | | | | | | | /    / | | | | | |
|  | | | | | | |  | | |  | | | | | | | | | | | Mont / Date / Year | | | | | |  | | | | | |
| Day No. | Date | | Lodging | | Meal Per Diem | | | | |  | Day No. | | | | | Date | | | | | | Lodging | | | | | Meal Per Diem | | | |
| 1 |  | |  | |  | | | | |  | 31 | | | | |  | | | | | |  | | | | |  | | | |
| 2 |  | |  | |  | | | | |  | 32 | | | | |  | | | | | |  | | | | |  | | | |
| 3 |  | |  | |  | | | | |  | 33 | | | | |  | | | | | |  | | | | |  | | | |
| 4 |  | |  | |  | | | | |  | 34 | | | | |  | | | | | |  | | | | |  | | | |
| 5 |  | |  | |  | | | | |  | 35 | | | | |  | | | | | |  | | | | |  | | | |
| 6 |  | |  | |  | | | | |  | 36 | | | | |  | | | | | |  | | | | |  | | | |
| 7 |  | |  | |  | | | | |  | 37 | | | | |  | | | | | |  | | | | |  | | | |
| 8 |  | |  | |  | | | | |  | 38 | | | | |  | | | | | |  | | | | |  | | | |
| 9 |  | |  | |  | | | | |  | 39 | | | | |  | | | | | |  | | | | |  | | | |
| 10 |  | |  | |  | | | | |  | 40 | | | | |  | | | | | |  | | | | |  | | | |
| 11 |  | |  | |  | | | | |  | 41 | | | | |  | | | | | |  | | | | |  | | | |
| 12 |  | |  | |  | | | | |  | 42 | | | | |  | | | | | |  | | | | |  | | | |
| 13 |  | |  | |  | | | | |  | 43 | | | | |  | | | | | |  | | | | |  | | | |
| 14 |  | |  | |  | | | | |  | 44 | | | | |  | | | | | |  | | | | |  | | | |
| 15 |  | |  | |  | | | | |  | 45 | | | | |  | | | | | |  | | | | |  | | | |
| 16 |  | |  | |  | | | | |  | | |  | | | | | | | | |  |  | | | |  | |  | |
| 17 |  | |  | |  | | | | |  | | | | | | | | **TOTAL** | | | | $ |  | | | | $ | |  | |
| 18 |  | |  | |  | | | | |  | | | | | | | | | | | |  | | | | |  | | | | |
| 19 |  | |  | |  | | | | |  | | | | | | | | |  | | | | |  | | | | | | | |
| 20 |  | |  | |  | | | | |  | | | | | | | | |  | | | | |  | | | | | | | |
| 21 |  | |  | |  | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | |
| 22 |  | |  | |  | | | | |  | | | | | | **Meal Per Diem (Home Country)** | | | | | | | | | **No. of People** | |  | | | | |
| 23 |  | |  | |  | | | | |  | | | | | | $30 per Employee | | | | | | | | |  | |  | | | | |
| 24 |  | |  | |  | | | | |  | | | | | | $15 per Dependent | | | | | | | | |  | |  | | | | |
| 25 |  | |  | |  | | | | |  | | | | | |  | | | | | | | | |  | |  | | | | |
| 26 |  | |  | |  | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | |
| 27 |  | |  | |  | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | |
| 28 |  | |  | |  | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | |
| 29 |  | |  | |  | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | |
| 30 |  | |  | |  | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | |
|  | **TOTAL** | | $ |  | $ |  | | | |  | | | | | | | | |  | | | | |  | | |  | | | | |
|  | | |  | | | | | |  |  | | | | | | | |  | | | **Total expenses to be reimbursed** | | | | | | | $ | | | | |

|  |  |
| --- | --- |
| **General Instructions** | |
| 1. | Please use ink when completing each form. |
| 2. | Refer to [**http://hr2.chevron.com/relocation/**](http://hr2.chevron.com/relocation/)for specific questions on program features or consult with your Relocation Consultant. |
| 3. | Forward original form with required documentation to your Relocation Consultant by mail. Address: Brookfield GRS – Attn: Client Accounting – Chevron – PO Box 953 – Horsham, Pa. 19044 – Email [chevronexpense@brookfieldgrs.com](mailto:chevronexpense@brookfieldgrs.com) or Fax to 888-894-7930. Retain a copy for your personal records and income tax purposes. |
| **Key Issues** | |
| 1. | Interim living starts the day after you arrive in the new location |
| 2. | You and family members who will be living with you full-time at the new location are eligible for reimbursement. Per Diem is not paid for dependents who remain behind in the old location or those that visit you while you are in interim quarters. |
| 3. | Vacation days taken during interim living are included in the 45 day maximum if you are occupying quarters rented on a weekly or monthly basis. |
| 4. | If you stay with friends or relatives in the home country, you are eligible for meal per diems; however, you will not be reimbursed for any lodging costs or for host/hostess gifts. |
| 5. | If you are single or if your family is not in interim living, business trips and company-paid trips to the old location are not included in the 45 day maximum. |
| 6. | The Miscellaneous Expense Allowance is expected to cover all other expenses such as lodging and meals for extra days of interim living, utilities, telephone calls, parking, TV cable, rental application fees, nonrefundable deposits for security, pets and cleaning. |
| **Required Documentation** | |
| 1. | Receipts for all lodging. Pro-rate to a daily basis for monthly rentals. Indicate if staying with friends/relatives. |
| 2. | All receipts for expenditures over $75. |