

# CHICAGO ONE CARD MOVING EXPENSE REPORTING FORM

## SECTION A - DISTANCE TEST (Complete this section for each reimbursement request.)

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Purpose:** To record moving expenses that were charged to a Chicago *One Card*. Use this form to record moving expenses of benefit-eligible, permanent employees relocating to the University of Chicago to accept a position. This form does not apply to visiting academic personnel who have appointments of one year or less: such visitors are considered to be in travel status, and reimbursements for living and travel expenses should be processed via travel expense vouchers. Under the Internal Revenue Code, the reimbursement of moving expenses is taxable income to the employee except that, where the move meets the Distance Test, the expenses listed under categories ③ and ④, below, are deductible from income.

**Distance 1**

Old residence to new place of work \_\_\_\_\_ miles

**Distance 2**

Old residence to old place of work \_\_\_\_\_ miles

NOTE: Employees with no former place of work, enter -0- .

**Distance 3** Subtract Distance 2 from Distance 1, \_\_\_\_\_ miles \*

\* If the result is **50** miles or more, then reimbursements for categories ③ and ④, below, are deductible from income.

## SECTION B - USE THIS SECTION TO RECORD EACH EXPENSE

CATEGORY	AMOUNT	
1 Transportation and storage (van line charges) of household goods and personal effects		
2 Travel and lodging expenses <u>not</u> including meals (during FINAL MOVE ONLY)		
<input checked="" type="checkbox"/> <b>SUBTOTAL--NONTAXABLE EXPENSES</b> (Items ③ and ④)		
1. Travel and Lodging Expenses not related to final move (taxable) For example, pre-move house hunting, personal visit's back to former residence		
2. Meal Expenses (always taxable, even if related to final move)		
3. Other Moving Related Expenses (please attach an itemized list)		
<input checked="" type="checkbox"/> <b>SUBTOTAL--TAXABLE EXPENSES</b> (Item ③, ④, ⑤)		
<b>TOTAL CHARGED TO CHICAGO ONE CARD</b>		
<b>STATEMENT DATED:</b> _____		
REQUESTED BY: NAME	PHONE	DEPARTMENT NAME
AUTHORIZED BY: TYPE OR PRINT NAME	DATE	AUTHORIZED SIGNATURE
		SIG AUTH number

**Administrator Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PAYROLL USE ONLY: DEDUCTIBLE ITEMS, SYSTEM 002 SCREEN 008**

Approved by: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_