

MOVING EXPENSE REIMBURSEMENT FORM

SIDE 1

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

Employee Name: _____ Social Security #: _____

Purpose: Use this form to reimburse the 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 ① and ②, 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 ① and ②, below, are deductible from income.

SECTION B - USE THIS SECTION TO REIMBURSE THE EMPLOYEE DIRECTLY

NOTE: These expenses will be reimbursed through the Payroll System.

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"/> SUBTOTAL--NONTAXABLE EXPENSES (Items ① and ②)		
3 Other Moving Related Expenses to be Reimbursed (please attach an itemized list)		
<input checked="" type="checkbox"/> SUBTOTAL--TAXABLE EXPENSES (Item ③)		
TOTAL TO BE PAID DIRECTLY TO EMPLOYEE	<i>Original receipts are required</i>	

CAUTION If the move does not meet the Distance Test, then the employee will receive the net amount, after tax.

CHARGE TO:		ACCOUNT NUMBER	DEPT. REFERENCE NUMBER	AMOUNT OF CHARGE
	1			
	2			
	3			

TOTAL CHARGE AUTHORIZED ON THIS FORM ⇒ \$

REQUESTED BY: NAME	PHONE	DEPARTMENT NAME	DATE
AUTHORIZED BY: TYPE OR PRINT NAME	DATE	AUTHORIZED SIGNATURE	SIG AUTH number

PAYROLL USE ONLY: DEDUCTIBLE ITEMS, SYSTEM 002 SCREEN 008

Job	Job Dept	Job Code	Begin	End	ERN	Rate	Account

SECTION C - USE THIS SECTION TO REIMBURSE A THIRD PARTY DIRECTLY

SIDE 2

VENDOR NUMBER

AP REFERENCE NUMBER

CONTROL NUMBER
M

INVOICE DATE

INVOICE NUMBER

CHECK DESCRIPTION

ISSUE

CHECK TO:

NOTE:
Only one vendor can be paid per form

NAME: (30 CHARACTERS)

STREET ADDRESS LINE 1 OR DEPARTMENT NAME / GROUP NAME (30 CHARACTERS)

STREET ADDRESS LINE 2 OR BUILDING NAME / STREET ADDRESS / MAIL BOX NUMBER (30 CHARACTERS)

CITY OR FAC EX STATE ZIP OR FOREIGN COUNTRY

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"/> SUBTOTAL--NONTAXABLE EXPENSES (Items ① and ②)	
3 Other Moving Related Expenses to be Reimbursed (please attach an itemized list)	
<input checked="" type="checkbox"/> SUBTOTAL--TAXABLE EXPENSES (Item ③)	
TOTAL TO BE PAID TO THE THIRD PARTY	<i>Original invoices are required</i>

CAUTION If the move does not meet the Distance Test, additional tax will be deducted from employee's **next** paycheck.

CHARGE TO:		ACCOUNT NUMBER	DEPT. REFERENCE #	AMOUNT OF CHARGE
1				
2				
3				

TOTAL CHARGE AUTHORIZED ON THIS FORM ⇒ \$

REQUESTED BY: NAME	PHONE	DEPARTMENT NAME	DATE
AUTHORIZED BY: TYPE OR PRINT NAME	DATE	AUTHORIZED SIGNATURE	SIG AUTH number

PAYROLL USE ONLY: SYSTEM 002 SCREEN 008

Job	Job Dept	Job Code	Begin	End	ERN	Rate	Account