



Moving Expense Reimbursement Request and Authorization Form

Name: _____ Social Security Number: ___-___-_____

Address: _____

Assignment: _____ Effective Date of Appt: _____

Relocation Date: _____

Expense	Amount	Tax Classification Amount		Payment To:	
		Qualified (nontaxable)	Nonqualified (taxable)	Employee	Third Party
Packing					
Moving					
Storage					
Mileage					
Lodging					
Meals					
Other					
Total*					

*Attach required documentation for the type of expense(s) listed above (refer to “page 2 of this form for instructions for completing the form and documentation requirements). The maximum reimbursement is 12,000 lbs..

Certification of Receipt: _____ Date: _____

Signature of **Appointee**

This is to certify that the expenses listed above were incurred in the relocation of personal/household items. I understand that I am liable for any taxation resulting from reimbursement of nonqualified expenses. I understand that if I leave from this position for reasons within my control within 12 months of the assignment start date, moving expenses must be repaid to the Research Foundation of SUNY.

Certification of Project Director: _____ Date: _____

Signature of **Project Director**

This is to certify that the reimbursement of moving expenses was necessary to attract the candidate(s). I have reviewed the terms and conditions of this award and have determined that sponsor guidelines allow the reimbursement of relocation expenses in this instance.

Authorization of Payment/
Reimbursement Waiver: _____ Date: _____

Signature of **Operations Manager** or delegate



Moving Expense Reimbursement Request and Authorization Form Instructions and Documentation Requirements

The Moving Expense Reimbursement Request and Authorization Form must be completed according to the policy and procedure described in “Moving Expenses: Requesting and Processing Reimbursements.”

Complete the form as follows:

- Amount:* Enter total dollar amount of reimbursement.
Tax Classification Amount: Enter the dollar amount of each expense, in the qualified or nonqualified column.
Payment To: Detail the amount paid to the employee or third party.
Total: Enter the total for each column. Combined totals for each column must equal the total amount reimbursed.

Documentation Required

The following table lists the type of documentation required for each type of qualified moving expense. Attach the appropriate documentation to this form.

Qualified Expense	Documentation Required
Packing	Authorized certificate of packing
Moving	Canceled check or original receipt from mover AND itemized invoice
Shipping	Receipted bill of lading
Storage	Cancelled check or original receipt AND itemized invoice
Mileage	current IRS reimbursement rate for moving expenses (note: This rate should not be confused with the corporate travel reimbursement rate for mileage)