

MOVING EXPENSE REIMBURSEMENT FORM

EMPLOYEE NAME: _____ **EMPLOYEE ID:** _____

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 ePayment. Under the Internal Revenue Code, the reimbursement of all moving expenses is taxable income to the employee.

SECTION A - USE THIS SECTION TO REIMBURSE THE EMPLOYEE DIRECTLY

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

Please continue to PAGE 2 for THIRD PARTY reimbursements

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					
3 Other Moving Related Expenses to be Reimbursed (please attach an itemized list)					
<i>TOTAL TO BE PAID DIRECTLY TO EMPLOYEE (Original receipts are required) NOTE: The employee will receive the net amount, after tax.</i>					
		ACCOUNT NUMBER	DEPT. REFERENCE NUMBER	AMOUNT OF CHARGE	
CHARGE TO:	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

