

Moving Expense Reimbursement Form

Receipts for all moving expenses must be attached to this Moving Expense Reimbursement form; reimbursement will not be processed without these receipts. The university's moving expense reimbursement covers only those categories listed on the reimbursement form and that are required to move individuals in one's household. Expenses such as meals, house-hunting trips, car repairs, veterinary or boarding bills, etc., will not be covered under the moving expense reimbursement. Moving expenses are taxable under IRS guidelines. Please visit <http://www.irs.gov/pub/irs-pdf/p521.pdf> for more detailed information.

Eligibility for moving expense reimbursement is addressed at the time of offer of employment. Unless otherwise indicated at the time of offer, the University of Puget Sound will cover the full cost of moving household goods up to \$1,500, and one-half of expenses beyond the initial \$1,500, up to a maximum reimbursement of \$3,000. If, for example, an individual's moving expenses totaled \$2,356, the reimbursement would be \$1,928 (\$1,500 in full and \$856 at 50%).

Reimbursement requests for eligible **faculty** should be submitted to the **Provost's Office** (Jones 111) and reimbursement requests for eligible **exempt staff** should be submitted to **Human Resources** (Howarth 016) for approval and processing within thirty (30) days from the date of move. If you have any questions regarding the completion of this form, contact the Provost's Office (253.879.3205 or provost@pugetsound.edu) or Human Resources (253.879.3369 or hr@pugetsound.edu).



Employment

Request for Moving Expense Reimbursement

Name: _____
(Last) (First) (MI)

Position Title: _____

Department: _____

Date(s) of move: _____

Home Address: _____
(Street Address)

(City) (State) (Zip)

Former Home Address: _____
(Street Address)

(City) (State) (Zip)

Former Work Address: _____
(Street Address)

(City) (State) (Zip)

Complete appropriate categories and attach receipts to this form showing the payment made.

	Amount
Air Fare:	_____
Moving Company/Van:	_____
Lodging:	_____
Shipping/Postage:	_____
Supplies (i.e., tape, packing material):	_____
Parking Fees/Tolls/Fares:	_____
Gasoline OR Mileage (_____ number of miles @ \$.22/mile):	_____
Other (specify): _____	_____

Total Expenses Claimed: _____

Faculty/Staff Member's Signature Date

Provost or Human Resources Signature Date

FOR PROVOST OR HR USE ONLY

Amount of Reimbursement: _____

Budget Number: _____ **. 65730** **Date Processed:** _____