

2015 Moving Expense Reimbursement Form

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%). Original receipts for all moving expenses must be attached to the 2015 Moving Expense Reimbursement form; reimbursement will not be processed without these receipts.

The university's moving expense reimbursement covers only those items 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 bills, etc., will not be covered under the moving expense reimbursement. Eligibility for moving expense reimbursement is addressed at the time of offer of employment. If you are eligible for moving expense reimbursement and if the university is not located at least 50 miles farther from your former home than your former home was from your former job location, then this reimbursement will be considered taxable income according to Internal Revenue Service regulations. Some moving expenses may be taxable under IRS guidelines. Please visit <http://www.irs.gov/pub/irs-pdf/p521.pdf> for more detailed information.

Reimbursement requests for **faculty** should be submitted to the **Academic Vice President's Office** (Jones 111) and reimbursement requests for **staff** should be submitted to **Human Resources** (Howarth 016) for approval and processing within thirty (30) days of the individual's start date. If you have any questions regarding the completion of this form, contact the Academic Vice President's Office (253.879.3205 or acadvp@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 **original** receipts to this form.

	Amount
Air Fare:	_____
Moving Van/Trailer:	_____
Lodging:	_____
Postage/Shipping:	_____
Supplies (i.e., tape, packing material):	_____
Tolls/Fares/Parking fees:	_____
Gasoline OR Mileage (number of miles @ \$.23/mile):	_____
Other (specify): _____	_____

Total Expenses Claimed: _____

Faculty/Staff Member's Signature Date

Academic Vice President or Human Resources Signature Date

FOR DEPARTMENTAL USE ONLY

Amount of Reimbursement: _____

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