

MOVING EXPENSE REIMBURSEMENT POLICY

The University of Puget Sound seeks to reduce the financial impact of relocation upon new faculty and exempt staff members. For that reason, the University 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 **Request for Moving Expense Reimbursement form (on reverse side)** and submitted at the time the move is complete. The University's moving expense reimbursement policy covers only those items listed on the reimbursement form. Expenses such as meals, househunting trips, car repairs, veterinary bills, etc., will not be covered under moving expense reimbursement. Reimbursement requests should be submitted to the Academic Vice President's Office (faculty) or the Human Resources Department (staff) 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 the Employment and Training Manager (253-879-3461).

REQUEST FOR MOVING EXPENSE REIMBURSEMENT

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ SOC. SEC. NUMBER: _____

DEPT. PHONE: _____ DEPARTMENT: _____

DATES OF MOVE: _____

FORMER HOME ADDRESS: _____

FORMER WORK ADDRESS: _____

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.

Complete appropriate categories and attach **original** receipts to this form.

AMOUNT

Air Fare:	_____
Moving Van/Trailer Rental:	_____
Lodging:	_____
Postage/Shipping:	_____
Supplies (i.e., tape, wrapping paper)	_____
Tolls/Fares/Parking Fees	_____
Gasoline OR Mileage: Number of Miles: <u>@\$.18/mile</u>	_____
Other (specify) _____	_____
_____	_____

TOTAL EXPENSES CLAIMED: _____

Faculty/Staff Member's Signature _____ Date _____

Academic Vice President/Human Resources Signature _____ Date _____

FOR DEPARTMENTAL USE ONLY

REIMBURSEMENT: _____ BUDGET NUMBER: .61800

POSITION TITLE: _____

DATE PROCESSED: _____