

**NEW EMPLOYEE MOVING EXPENSE REIMBURSEMENT REQUEST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  |  |  | **Address (moving from)** | | |
| **PSU ID** |  |  |  |  | | |
| **Address** |  |  |  |  | | |
| (new) |  |  |  |  | | |
| **Title** |  |  | **PSU Department** | | **Contact Name** | **Phone No.** |
|  |  |  |  | |  |  |

* Under section 11048(a) of the new tax laws, Tax Cuts and Jobs Act, the exclusion from gross income for qualified moving expenses is suspended for tax years 2018-2025. Effective January 1, 2018 all reimbursements related to Moving and Relocation will be 100% tax reportable. Any reimbursements paid to, or on the behalf of a new employee will be reported to HR/Payroll on a monthly basis to be included as wages.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **NON-DEDUCTIBLE EXPENSE (TAXABLE)** | | | | | | | | **Amount** |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  |  | | | | | | | |  |
|  | | | | | | | | |  |
| **GRAND TOTAL:** | | | | | | | | | **0.00** |
| **MOVING EXPENSE ALLOWANCE** $       (attach contract or letter of offer, and reimbursement should not exceed this amount) | | | | | | | | | |
| **Index Code** | | **Account Code** | **Activity Code** | **Payment Amount** |  | **Index Code** | **Account Code** | **Activity Code** | **Payment Amount** |
|  | | 10780 |  |  |  |  | 10780 |  |  |
|  | | 10780 |  |  |  |  | 10780 |  |  |
|  | | 10780 |  |  |  |  | 10780 |  |  |
|  | | | | | | | | | |
| **EMPLOYEE CERTIFICATION**  **I certify that the expenses itemized above have been incurred in the performance of my official duties, and that the charges therefore are just and that no part thereof has been heretofore paid.**  **I understand that 100% of my moving expense reimbursement will be reported on my annual w-2 Wage and Tax Statement and taxes withheld on 100% of my reimbursement per new tax laws.**   |  |  | | --- | --- | |  |  | | Claimant’s Signature | Date |   **I certify that the expenses itemized above have been reviewed by me and are accurate, allowable, and appropriate, it is within my budgetary authority to approve this expense report.**   |  |  | | --- | --- | |  |  | | Department Approval | Date | | Print Name & Title - REQUIRED |  | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Human Resources Use Only** | **For CAS Use Only** | **University Financial Services Audit Approval** |
| Please Use Grand Total Amount  Account Code: 10780-FMN $ |  | |  |  | | --- | --- | |  |  |   Signature Date   |  | | --- | |  |   Print Name & Title - **REQUIRED** |