## NEW EMPLOYEE MOVING EXPENSE REIMBURSEMENT REQUEST

Name				Address (moving from)				
PSU ID								
Address (new)								
(Hew)								
Title			PSU De	partment	Contact Name	Pho	ne No.	
• II	Inder section 1104	(8(a) of the r	now toy lowe T	ov Cute and I	ohe Act the evel	lucion from arc	es income for	
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	ualified moving ex							
	eimbursements rel							
to	o, or on the behalf	of a new em	nployee will be	reported to H	R/Payroll on a n	nonthly basis to	be included	
W	ages.							
Date		NC	ON-DEDUCTIBLE E	XPENSE (TAXA	RI F)		Amount	
Date			J. J	OCTIBLE EXI ENGL (TAXABLE)			Tunoun	
						ODAND TOTAL		
						GRAND TOTAL:		
MOVING E	EXPENSE ALLOWANG	CE \$	(attach contract	or letter of offer, an	d reimbursement should	I not exceed this amo	unt)	
	EXPENSE ALLOWANG						,	
MOVING E		CE \$		or letter of offer, an	d reimbursement should	I not exceed this amo	Payment Amount	
			e Payment				Payment	
	ode Account Code		e Payment		Account Code		Payment	
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Print Name & Title - REQUIRED