

## 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>          </u> @\$\$.18/mile	_____
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:** \_\_\_\_\_