



# Moving Expense Reimbursement Request and Authorization Form

<input type="radio"/> RF Employee  Assignment# <input style="width:150px;" type="text"/>  Name <input style="width:300px;" type="text"/>  <div style="display: flex; justify-content: space-around;"> <span><u>Project</u></span> <span><u>Task</u></span> <span><u>Award</u></span> </div>	<input type="radio"/> Non RF (i.e. SUNY Employee)  Name <input style="width:300px;" type="text"/> Address <input style="width:300px;" type="text"/> City <input style="width:100px;" type="text"/> State <input style="width:30px;" type="text"/> Zip Code <input style="width:80px;" type="text"/> SSN <input style="width:150px;" type="text"/>  <div style="display: flex; justify-content: space-around;"> <span><u>Project</u></span> <span><u>Task</u></span> <span><u>Award</u></span> </div>
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Expense	Total Amount Nonqualified (taxable)	Payment to:				Third Party
		RF Employee		SUNY Employee		
		Direct - Pay in payroll	Indirect - paid/or provided outside payroll	Direct - Pay in payroll	Indirect - paid/or provided outside payroll	
Packing						
Moving						
Storage						
Mileage						
Lodging						
Meals						
Other						
<b>Total*</b>						

\*Attach required documentation for the type of expense(s) listed above (refer to "page 2 of this form for instructions for completing the form and documentation requirements). The maximum reimbursement is 12,000 lbs.

Certification of Receipt: \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of Appointee**

This is to certify that the expenses listed above were incurred in the relocation of personal/household items. I understand that I am liable for any taxation resulting from reimbursement of nonqualified expenses. I understand that if I leave from this position for reasons within my control within 12 months of the assignment start date, moving expenses must be repaid to the Research Foundation of SUNY.

Certification of Project Director: \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of Project Director**

This is to certify that the reimbursement of moving expenses as necessary to attract the candidate(s). I have reviewed the terms and conditions of this award and have determined that sponsor guidelines allow the reimbursement of relocation expenses in this instance.

Authorization of Payment/  
 Reimbursement Waiver: \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of Operations Manager** or delegate



## Moving Expense Reimbursement Request and Authorization Form Instructions and Documentation Requirements

The Moving Expense Reimbursement Request and Authorization Form must be completed to document payments and/or reimbursements.

### **STEP 1**

Complete the form as follows:

*Amount:* Enter total dollar amount of payments for each moving expense type.

*Payment To:* Select appropriate column and enter the amount to pay in payroll, provided outside of payroll or to a third party.

### **Documentation Required**

The following table lists the type of documentation required for each type of moving expense. Attach the appropriate documentation to this form.

<b>Expense</b>	<b>Documentation Required</b>
Packing	Authorized certificate of packing
Moving	Canceled check or original receipt from mover AND itemized invoice
Shipping	Receipted bill of lading
Storage	Cancelled check or original receipt AND itemized invoice
Mileage	Current IRS reimbursement rate for moving expenses (note: The rate is significantly less than the corporate travel reimbursement rate for mileage) Refer to <u>IRS mileage rates</u> .
Other Agreed upon payments or reimbursements	Appropriate documentation to clarify the expense to the agreement to pay to the employee. The documentation must support the facts and circumstance and if ever examined.

### **STEP 2**

Ensure the form is delivered to your operating location payroll department to process with in the payroll system per the procedures. RF administrators:

- If payments are requested for a Non-RF employee send to central office at [payroll@rfsuny.org](mailto:payroll@rfsuny.org)
- Payments planned directly to the RF employees, follow procedures and use "Move Exp NQual Direct" payroll "element"
- Indirect amounts paid or provided to RF employee outside the payroll system or to a third party such as a moving company use "Move Exp N Qual Imp" "element"