

MOVING EXPENSE REIMBURSEMENT REQUEST

UMS Payroll Department
16 Central Street
Bangor ME 04401
Tel.: (207) 973-3320
Fax: (207) 973-3349

Instructions: This form must be completed each time a department requests reimbursement for employee relocation expenses. Complete the information below and attach receipts (or vendor invoices) for all expenses listed for reimbursement. Refer to IRS Publication 521 for proper classification of expenses. Mail completed form with other documentation to address above.

Name: <input style="width: 95%;" type="text"/>	Employee ID: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Faculty
Place of Departure: <input style="width: 95%;" type="text"/>	Campus Department: <input style="width: 95%;" type="text"/>	
Move Date(s): <input style="width: 95%;" type="text"/>	Department Contact Person: <input style="width: 95%;" type="text"/>	
Number of Miles Moved: <input style="width: 95%;" type="text"/>	Dept. Contact Telephone: <input style="width: 95%;" type="text"/>	

QUALIFIED - NONTAXABLE (Refer to IRS Publication 521)		
Qualified travel to move self and dependents from old to new home:	Reimburse to Employee (213)	Pay Directly to Vendor (attach invoices)
Qualified Mileage Reimbursement (Effective Jan. 1, 2015 - 23.0 cents per mile)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
OR Out-of-Pocket Automobile Expense	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Lodging:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Transportation and storage of household goods and personal effects:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Other (Specify):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
SUBTOTALS: (Amounts reimbursed to employee will be reported on Form W-2, Box 12 "P".)	\$ 0.00	\$ 0.00

UNQUALIFIED - TAXABLE		
Unqualified meals and travel from old to new home:	Reimburse to Employee (215)	Pay Directly to Vendor (814) (attach invoices)
Meals during move from old to new home	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Excess Mileage Reimbursement	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Househunting (including meals):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Temporary Living Expenses (including meals):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Real Estate expenses (Specify):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Other (Specify):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
SUBTOTALS: (All unqualified reimbursed amounts will be taxed when paid.)	\$ 0.00	\$ 0.00

NOTE: Employee reimbursement amounts will be included with their next regular paycheck unless emergency check is requested.

Total Reimbursement:	\$ 0.00
-----------------------------	----------------

GL Chart Fields: (Note: Account(s) will be 50030, 51030, 52030, 54330 or 54331 depending on type of reimbursement.)	Business Unit <input style="width: 95%;" type="text"/>	Department <input style="width: 95%;" type="text"/>	Class <input style="width: 95%;" type="text"/>	Fund <input style="width: 95%;" type="text"/>	Program <input style="width: 95%;" type="text"/>	Project/Grant <input style="width: 95%;" type="text"/>
---	--	---	--	---	--	--

Employee Certification: "I certify that the expenses listed above were incurred by me in connection with moving myself, my family, our personal possessions in order to accept employment at the University of Maine System and I have not previously been reimbursed, either by the University of Maine System or any other person, institution or government agency."	
Signature of Employee: _____	Date: _____
Department Approval: _____	Date: _____