

DIRECT PAYMENT/REIMBURSEMENT OF MOVING & RELOCATION EXPENSES

Please complete, sign and date this page and return to your Dean's Office.

Employee Name: _____ Department: _____
Local Address: _____

_____ I elect Reimbursement based on the attached itemized receipts. Complete chart below.

Please note that ALL moving & relocation reimbursements are **TAXABLE** by the Federal government. Most moving & relocation reimbursements are also **TAXABLE** by California State, with the following non-taxed exceptions*: Moving & packing household goods and effects, including storing household goods or personal effects on route for less than 30 days (GB4); travel & lodging expenses on route (GB5); and mileage reimbursement less than or equal to the federal moving expense mileage rate: Direct Moving (GB6).

Total Amount Authorized for Moving & Relocation Expenses		\$
Less Payments Already Disbursed		\$

Moving & Relocation Expense	Earnings ID Code	Amount
Moving and packing household goods and personal effects, including storing household goods or personal effects on route (less than 30 days)	GB4*	\$
Storage more than 30 days after moving into residence (up to 60 days)	GC5	\$
Meals connected with the move	GB1	\$
Pre-move house hunting trips	GC1	\$
Temporary living expenses	GC2	\$
Sale or purchase of a residence	GC3	\$
Leases, unexpired or new	GC4	\$
Travel and lodging expenses on route	GB5*	\$
Mileage reimbursement in excess of the federal moving expense mileage rate: Pre-Move House Hunting; use of a personal vehicle (# of miles _____ x \$0.58)	GB2	\$
Mileage reimbursement less than or equal to the federal moving expense mileage rate: Direct Moving; use of a personal vehicle (# of miles _____ x \$0.20)	GB6*	\$
Moving expenses that do not meet the time or distance tests (moves of less than 50 miles)	GB3	\$
Total Reimbursement		\$

I certify that the expenses listed were incurred by me in connection with moving myself, my household members and personal possessions in order to accept employment at Cal Poly Humboldt and I have not previously been reimbursed, nor will I be, either by the University or any other person, institution or government agency.

Employee Signature : _____ Date: _____

I certify that all receipts and expenses submitted by the new employee have been reviewed and approved.

Budget Analyst Approval: _____ Date: _____

Dean's Signature : _____ Date: _____