

RIT Employee Moving Expense Reimbursement

Employee Name: _____ Employee ID Number: _____ Hire Date: _____

Present Address: _____

Former Address: _____

Foreign exchange applicable? () Yes () No If applicable, what currency? _____ Indicate rate: _____

Total miles from old address to new: _____

| EXPENSES | DATE | | | | | | | | TOTAL |
|---|--------------|--|--|--|--|--|--|--|-------|
| <u>TAXABLE EXPENSES:</u> | | | | | | | | | |
| <i>As of January 1, 2018 all moving expenses are reimbursed on a taxable basis per the IRS</i> | | | | | | | | | |
| Miles Driven | | | | | | | | | |
| Moving Company Invoice amount (pack/ship) | | | | | | | | | |
| Self-Move – amounts paid for truck rental (excluding deposit) | | | | | | | | | |
| Packing and shipping expenses | | | | | | | | | |
| Gasoline expenses for rental truck or personal automobile (only if mileage reimbursement is not claimed) | | | | | | | | | |
| Tolls | | | | | | | | | |
| Mileage reimbursement: Miles driven from above x rate/mile: Allowable for personal car driven from old home to new home | Rate: \$.50 | | | | | | | | |
| Storage | | | | | | | | | |
| Airfare: while en route to your new job location | | | | | | | | | |
| Lodging: while en route to your new job location | | | | | | | | | |
| Temporary living expenses | | | | | | | | | |
| Meals/Tips | | | | | | | | | |
| Pre-move house-hunting expenses | | | | | | | | | |
| Other – Please explain | | | | | | | | | |
| TOTAL EXPENSES | | | | | | | | | |

Total expenses by category. Enter grand total from shaded box above in box 1 of Expense Summary.

B. EXPENSE SUMMARY (Attach original receipts for all expenses.)

| | | | | |
|---|--------------------------------|--|------------------------|------|
| 1 | TOTAL EXPENSES | | Department Name | |
| 2 | REIMBURSEMENT ALLOWANCE | | Employee Signature | Date |
| 3 | PARTIAL REIMBURSEMENT* | | Dept Head's Approval | Date |
| 4 | BALANCE DUE EMPLOYEE: | | Person Completing Form | Ext. |

Account to Charge: _____ 7 8 9 0 0 . _____ 00000 Amount \$ _____

INSTRUCTIONS FOR COMPLETING THE RIT EMPLOYEE MOVING EXPENSE REIMBURSEMENT FORM

1. **Employee Name** - Enter the full name (as shown in payroll) of the Employee to be reimbursed
2. **Employee ID Number** – Enter the employee’s 5-digit ID number OR the 9-digit UID
3. **Hire Date** - Enter the employee’s hire date
4. **Present Address** - Enter the employee’s current address
5. **Former Address** - Enter the employee’s former address
6. **Foreign Exchange Applicable?** - Indicate if foreign exchange is applicable. If it is, indicate currency and rate at the time of the expense (not at the time the form is completed). For assistance with currency conversions, visit www.oanda.com.
7. **Total miles from old address to new** - Enter the number of miles from your old address to your new address
8. **Expenses Section** - Various expense categories are listed in this column
9. **Date** - Indicate the date that corresponds to the expense
10. **Miles Driven** - Enter the total number of miles driven for each day or for the duration of the entire move from your old location to your new location. Enter the total miles driven in the total column.
11. **Moving Company Invoice Amount** - Enter the total amount paid to the 3rd party for movement of your household goods and personal effects. This includes packing shipping and insurance.
12. **Self-Move** - Enter the amount paid for truck rental and insurance. **Exclude the amount of the security deposit if applicable.**
13. **Packing and Shipping Expenses** - Enter the amount paid for packing and shipping expenses including boxes, packing materials etc.
14. **Gasoline Expenses** - Enter the amount paid for gasoline for the rental truck and/or personal automobile. **Note: Do not claim reimbursement for gasoline expenses if a mileage reimbursement is claimed.**
15. **Tolls**- Enter the amount paid for tolls.
16. **Mileage Reimbursement** – Allowable for personal car driven from old home to new home. Multiply the total miles driven by the current RIT limit indicated on the form.
17. **Storage** - Enter the amount paid for storage of household goods and personal affects. For domestic moves the limit is 30 consecutive days. For a foreign move consult the payroll department.
18. **Airfare** - Enter the amount paid for airfare.
19. **Lodging** - Enter the amount spent on lodging while en route to your new job location.
20. **Temporary Living Expenses** - Enter the amount paid for temporary living, once you’ve arrived at your new job location if permanent location is not ready. This includes lodging, laundry, telephone etc. **Do not** include meals/tips; enter your meal expenses under the expense category of ‘Meals/Tips’.

21. **Meals/Tips** – Enter the daily total for meals while en route to your new job location as well as meals incurred during Temporary Living
22. **Pre-move house-hunting expenses** – Enter the daily total of expenses (including lodging, meals, transportation) for trips made to Rochester for the purpose of locating your new residence
23. **Other** – Enter any other expenses and list the purpose

Total - Enter the total amount spent in each expense category in the total column on the right side of the page.

Total Expenses - Add together the expenses in the total column and enter the grand total in the shaded box.

B. Expense Summary Section

1. Total Expenses - Enter the total expenses from shaded box in the first section.
2. Reimbursement Allowance - Enter the total allowable limit for this employee. This is the amount agreed upon in the employment offer.
3. * Partial Reimbursement - Indicate the amount that has been previously paid toward the total reimbursement allowance.
4. Balance Due Employee - Indicate the amount to be paid to the employee. If the total expenses exceed the employees' reimbursement allowance enter the lesser of the two amounts.

Department Name - Enter the name of the employee's department

Employee's Signature - The employee signs here

Department Head's Approval – The dept. head, or the individual authorized with AME signatory responsibility signs here

Person Completing the Form - Enter the name of the individual completing the form and his/her RIT extension

Account to Charge - Enter the complete RIT 24-digit account number that the moving expenses will be charged to. Indicate the amount to be charged to this account line.

Additional Information

1. Attach original receipts, taped to one side of an 8 1/2 x 11 sheet of paper to the Employee Moving Expense Reimbursement.
2. Return the completed form to the RIT Payroll Department: EAS - 1160.
3. The reimbursement of expenses will be included in the employee's next available paycheck.
4. If you have any questions about completing the form, please call the Payroll Department at Ext.5582.
5. For more information, you may refer to the IRS publication 521 at <http://www.irs.gov/pub/irs-pdf/p521.pdf>