

RELOCATION EXPENSE FORM

Household goods can be moved by approved system wide vendors and direct billed to UC Merced. All other relocation expenses must be incurred by the employee to be reimbursed once the move has been completed.

In order to be reimbursed all itemized receipts are required when request is submitted.

Refer to UC Policy APM-560 for list of allowable expenses for academic titles, UC Policy G-13 for list of allowable expenses for non-academic titles (MSP and PSS) and Policy 2.800 Senior Management Group Moving Reimbursement. All Travel expenses related to relocation must be in compliance with G-28 Travel Regulations and IRS Publication 521.

<http://policy.ucop.edu/doc/3420365/BFB-G-28>, <http://travel.ucmerced.edu/pdf/g13.pdf>, http://www.ucop.edu/academic-personnel-programs/_files/apm/apm-560.pdf and <http://regents.universityofcalifornia.edu/policies/7711.pdf>

Employees are required to submit *all receipts* of reimbursable final moving expenses for auditing purposes.

Incomplete forms will be returned to department contact.

| | |
|----------------------|-------------------------------------|
| Employee Name: _____ | Hiring Department: _____ |
| Payroll Title: _____ | Preparer Contact Information: _____ |
| Start Date: _____ | Dept. Contact Phone: _____ |
| EID: _____ | Dept. Contact Email: _____ |

Time & Distance Requirements

- 1) Is the employee's new principal place of work at least 50 miles farther from the employee's old residence than was his/her former principal place of work? Yes or No
- 2) Is it anticipated that the employee will work full-time for at least 39 weeks during the 12-month period immediately following the employee's start date Yes or No
- 3) Were the individual's moving expenses incurred within one year from his/her start date? Yes or No
- 4) Have **all three** of the above requirements been met? Yes or No

"YES" Complete sections 2 of the Relocation Expense Form

"NO" Total reimbursements related to the relocation will be taxable and must therefore be paid through the payroll system on a MOV - Dos Code.

| | |
|---|--|
| Employment Date: _____ | |
| Maximum Relocation Allowance: _____ | |
| Pre-house Hunting Allowance: Additional Temporary _____ | |
| Housing Allowance: _____ | |
| Is this the final reimbursement request? _____ | |

Former Address: _____ Present Address: _____

Taxable Expenses: Are relocation expenses defined by the IRS as taxable in Publication 521. Taxable Expenses will be reimbursed through payroll with applicable taxes withheld.

Employee must incur all travel cost due to tax reporting obligations in accordance with IRS Publication 521 and UC Policies.

Section 1 Pre -Move House Hunting Expenses

Total Taxable Expense: _____

Section 2 Non Taxable Final Move Expenses

| | |
|---|--|
| Third Party Expense CatBuy Order Number: _____ | |
| Total Third Party Expense: _____ | |
| Total Non-Taxable Reimbursable Expense Due to Employee: _____ | |

Section 3 Taxable Final Move Expenses

| | |
|---|--|
| Total Taxable Final Move: _____ | |
| Total Temporary Housing After Final Move: _____ | |

Section 1

PRE-MOVE HOUSE HUNTING EXPENSES

Actual expenses of employee and spouse in connection with post-offer acceptance trips (house hunting) is allowable, but all expenses associated with the trip are **TAXABLE** to the employee and must be paid through the **payroll** system for proper tax withholding.

*Taxable Expenses: Are relocation expenses defined by the IRS as taxable in Publication 521.
Taxable Expenses will be reimbursed through payroll with applicable taxes withheld.*

Employee must incur all travel cost due to tax reporting obligations in accordance with IRS Publication 521 and UC Policies.

Airfare paid by employee: \$ _____ Employee Spouse/Partner _____

Other (Explain): _____

Other Pre-Move House Hunting Expenses

Rental Car: \$ _____

Meals: \$ _____

Ground Transportation: \$ _____

Personal Vehicle Mileage: \$ _____

Lodging: \$ _____

Miscellaneous Expenses: \$ _____

Section 1 Total: \$ _____

Section 2

NON TAXABLE FINAL MOVE EXPENSES

Third Party Expenses for Final Move

Moving Company Name: _____ Invoice(s): _____

CAT Buy order(s): _____ Total CAT Buy dollar amount: \$ _____

Household move total: \$ _____ Cost of shipping personal vehicle(s): \$ _____

100% lab, library, office move: \$ _____ Storage charges incurred in transit only: \$ _____

Actual and reasonable storage costs for household goods and personal effects for up to 30 days immediately after removal from the primary residence.

Total Third Party Expenses: \$ _____

Transportation Expenses

A move from the old to the new residence must be made via a conventional mode of transportation using the shortest and most direct route available and in the shortest period of time normally required to travel such distance. Refer to G-28 Travel Regulation Policy Appendix A for IRS established mileage rate for relocation

Airfare direct billed through Connexus: \$ _____ Pre-Trip Authorization Number: _____

Transportation Paid out of pocket by employee

Names of Travelers

Employee _____ Spouse/Partner _____

Child 1 _____ Child 2 _____

Other (explain) _____ Other (explain) _____

Airfare paid by Employee: \$ _____

Car Mileage _____ Car license plate #: _____ Total dollar amount for mileage: \$ _____

Moving truck rental: \$ _____ Moving truck fuel: \$ _____

Pet Transportation: \$ _____ Type of Pet: _____

Total Transportation Expenses: \$ _____

Lodging

Rm+Tax: \$ _____ Date: _____ # of people: _____ Hotel: _____ Location: _____

Rm+Tax: \$ _____ Date: _____ # of people: _____ Hotel: _____ Location: _____

Rm+Tax: \$ _____ Date: _____ # of people: _____ Hotel: _____ Location: _____

Rm+Tax: \$ _____ Date: _____ # of people: _____ Hotel: _____ Location: _____

Total Lodging Expenses: \$ _____

Miscellaneous expenses (packing supplies, shipping, etc.):

Tolls: \$ _____ Parking: \$ _____

Other Expenses: \$ _____ Identify: _____

Other Expenses: \$ _____ Identify: _____

Other Expenses: \$ _____ Identify: _____

Total Miscellaneous: \$ _____

Section 2 Non Taxable Total: \$ _____

Section 3

TAXABLE FINAL MOVE EXPENSES

Meals During Final Move

Total Meals : \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals During Final Move: \$ _____

Temporary Housing (After Final Move)

- Temporary housing in the new work area is taxable to the employee.
- The cost of furnished temporary lodging for up to **30 days** and meals for up to **30 days** of residence in the temporary lodging if it does not have cooking facilities. Such reimbursements will be made in accordance with BFB G-28 Travel Regulations.
- Original itemized hotel receipts required.

Rm+Tax(Total): \$ _____ Number of Nights: _____ Check in Date: _____ Check out Date: _____

of people: _____ Hotel: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Meals: \$ _____ Date: _____ # of people: _____ Location/City: _____

Total Temporary Housing: \$ _____

Rental Car (while primary vehicle is being shipped) _____

Gas for Rental Car (while primary vehicle is being shipped) _____

Miscellaneous Expenses:

Other Expenses \$ _____ Identify: _____

Other Expenses \$ _____ Identify: _____

Other Expenses \$ _____ Identify: _____

Other Expenses \$ _____ Identify: _____

Other Expenses \$ _____ Identify: _____

Other Expenses \$ _____ Identify: _____

Other Expenses \$ _____ Identify: _____

Section 3 Taxable Total: \$ _____

Funding and Approval

* This form is required to be submitted with all relocation packets.

T Class CatBuy Order for Non-Taxable Amount: _____

Full Accounting Unit:

| LOC | ACCOUNT | CC | FUND | PROJECT | SUB | OBJECT | SOURCE | REFERENCE | AMOUNT |
|-----|---------|----|------|---------|-----|--------|--------|-----------|--------|
| | | | | | | 2700 | | | |
| | | | | | | 2700 | | | |
| | | | | | | 2700 | | | |

Required Signatures

Employee Signature: _____

Date: _____

Department Approval Signature: _____

Date: _____

Department Approval Name and Title : _____

Travel Services Approval: _____

Date: _____

EBD Review/Processed: _____

Date: _____