



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 due to tax reporting obligations in accordance with IRS Publication 521 and UC Policies.

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

Employment Date: _____

Maximum Relocation Allowance: _____

Pre-house Hunting Allowance: _____

Additional Temporary Housing Allowance: _____

Is this the final reimbursement request? _____

Former Address: _____ Present Address: _____

Pre -Move House Hunting Expenses : Total Expense: _____

Third Party Moving Expense: Total Expense: _____

Final Move Expenses Total Expense: _____

Certification Signatures:

I certify that the expenses included in this packet were incurred while moving/relocating at the request of the University of California, Merced.

Employee Signature: _____ Date: _____

Department Approval Signature: _____ Date: _____

Department Approval Name and Title: _____

Travel and Expense Management Approval: _____ Date: _____

EBD Review/Processed: _____ Date: _____

Section 1

PRE-MOVE HOUSE HUNTING EXPENSES

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

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

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: \$ _____

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

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

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

Total Meals: \$ _____

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

Tolls: \$ _____ Parking: \$ _____

Other Expenses: \$ _____ Identify: _____

Other Expenses: \$ _____ Identify: _____

Other Expenses: \$ _____ Identify: _____

Total Miscellaneous: \$ _____

Section 3

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:_____

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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)

Completed form and required receipts must be routed to the following:

Academic Titles & Non-Academic Titles: Travel and Expense Management via a Relocation Reimbursement Service Now Ticket

Chart of Accounts:

[illegible]