### MOVING EXPENSE

REIMBURSEMENT REQUEST

**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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Employee ID:</th>
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<th>Faculty</th>
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<tbody>
<tr>
<td>Place of Departure:</td>
<td>Campus Department:</td>
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<tr>
<td>Move Date(s):</td>
<td>Department Contact Person:</td>
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<tr>
<td>Number of Miles Moved:</td>
<td>Dept. Contact Telephone:</td>
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#### QUALIFIED - NONTAXABLE
(Refer to IRS Publication 521)

- **Qualified travel to move self and dependents from old to new home:**
  - Qualified Mileage Reimbursement (Effective Jan. 1, 2015 - 23.0 cents per mile)
  - OR Out-of-Pocket Automobile Expense

- Lodging:

- Transportation and storage of household goods and personal effects:

- Other (Specify):

- **SUBTOTALS:** (Amounts reimbursed to employee will be reported on Form W-2, Box 12 "P").

  Reimburse to Employee (213) | Pay Directly to Vendor (814)
  -----------------------------|-----------------------------
  $ 0.00                       | $ 0.00

#### UNQUALIFIED - TAXABLE

- **Unqualified meals and travel from old to new home:**
  - Meals during move from old to new home
  - Excess Mileage Reimbursement

- **Househunting (including meals):**

- **Temporary Living Expenses (including meals):**

- **Real Estate expenses (Specify):**

- **Other (Specify):**

- **SUBTOTALS:** (All unqualified reimbursed amounts will be taxed when paid.)

  Reimburse to Employee (215) | Pay Directly to Vendor (814)
  -----------------------------|-----------------------------
  $ 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.)

**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: |