

MOVING EXPENSE REIMBURSEMENT REQUEST

UMS Payroll Center
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 swspayroll@maine.edu

Instructions: This form must be completed for payment/reimbursement of relocation expenses. Attach contractual agreement along with receipts (or vendor invoices) for all expenses listed for reimbursement and/or to be paid directly to vendors. Effective January 1, 2018, all moving expense reimbursements will be considered taxable per IRS.

Name:	<input type="text"/>	Employee ID:	<input type="text"/>	<input type="checkbox"/> Faculty
Address of Departure:	<input type="text"/>	Campus Department:	<input type="text"/>	
Move Date(s):	<input type="text"/>	Department Contact Person:	<input type="text"/>	
Number of Miles Moved:	<input type="text"/>	Dept. Contact Telephone:	<input type="text"/>	

TYPE OF EXPENSE FOR TAXABLE REIMBURSEMENT	Amount Reimbursed to Employee (215)
Meals during move from old to new home	
Mileage Reimbursement	
House Hunting	
Lodging & Temporary Living Expenses	
Transportation and storage of household goods and personal effects	
Real Estate expenses (Specify)	
Other (Specify)	
Total Expenses to be Reimbursed	
Maximum Reimbursement per Agreement	

EMPLOYEE CERTIFICATION AND SIGNATURE	
<i>Employee reimbursement amounts will be included with their next regular paycheck. Check here to have an emergency off-cycle check processed as soon as possible.</i>	<input type="checkbox"/>
<i>Check here to have your reimbursement direct deposited; attach Direct Deposit Form for processing.</i>	<input type="checkbox"/>
<i>All reimbursements will have the supplemental tax withholding applied by default. (https://gojira.its.maine.edu/confluence/display/HumaRes/1040.20+Tax+Withholding) Check here to have tax withholding based on Form W-4 status instead of the supplemental rates.</i>	<input type="checkbox"/>
"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 AUTHORIZATION					
GL Chart Fields: (Note: Account will be 50030, 51030 or 52030 based on type of employee.)					
Business Unit	Department	Class	Fund	Program	Project/Grant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Authorized Department Manager or Dean					Date
<input type="text"/>					<input type="text"/>
Printed or Typed Name			Title		
<input type="text"/>			<input type="text"/>		