

Relocation Expense Form

EMPLOYEE NAME: _____ EID#: _____

Payroll Title: _____ Start Date: _____ Hiring Dept: _____

A. THIRD PARTY EXPENSES/EDB SYSTEM-PAYROLL

Please list all expenses which were paid directly to a 3rd party (e.g., moving company) or were paid through the Payroll (EDB) system for this move.

(T) Expenses paid through the Payroll system and are taxable to the employee.

(NT) Expenses paid through BruinBuy and are nontaxable to the employee.

A.1 Move

Moving company name: _____ Invoice(s) #: _____

Location: _____

P.O. # (s): _____

P.O. dollar amount: \$ _____

Household move total: \$ _____

Storage charges incurred in transit only: \$ _____

Storage charges incurred before and after the transit: \$ _____

100% lab, library, office move: \$ _____

Cost of shipping the car: \$ _____

A.2 Transportation – Nontaxable (NT)

1. Airfare and baggage fee: \$ _____

P.O. #: _____

No. of people: _____

Name of each immediate family member: _____

2. Car rental: \$ _____ (T)

Gas for rental car \$ _____ (T)

Parking: \$ _____ (T)

A.3 Meals - Taxable (T)

No. of days: _____ No. of people: _____ Total meals \$ _____

A.4 Lodging - Taxable (T) *Temporary housing or house hunting:*

Rm+ tax (each night): _____ No. of days: _____ No. of people: _____ Total \$ _____

B. REIMBURSABLE EXPENSES - (Please list any reimbursable expense below for final move only)

B.1 Transportation – Nontaxable (NT)

1. Car mileage: _____ Liability Insurance: Yes___ No___

2. Truck rental: _____ \$ _____

3. Pets transportation: _____ \$ _____

• **Total reimbursable expenses:** \$ _____

B.2 Lodging (if traveler drove instead of flying) – Taxable (T)

Room+ tax (each night): _____ No. of days: _____ No. of people: _____ Total \$ _____

• **Total reimbursable expenses:** \$ _____

B.3 Miscellaneous Expenses – Nontaxable (NT)

Tolls: \$ _____ Parking: \$ _____

Other expenses: \$ _____

• **Total reimbursable expenses:** \$ _____(NT)

TOTAL REIMBURSEMENT TO TRAVELER

(Total of B1+B2+B3) \$ _____

FULL ACCOUNTING UNIT

Taxable \$ _____

Charge Expenses to FAU _____

Nontaxable \$ _____

P.O. # _____ *(Nontaxable items only)*

Total \$ _____

Department Approval signature: See attached BRC form for approvals