

# UCOP BRC RELOCATION EXPENSE FORM

**All Taxable Expenses - for auditing and reporting purposes only - will be paid through payroll due to IRS Tax withholding requirements.**

Department is **required** to attach signed offer letter and submit *all receipts* of reimbursable final moving expenses for auditing purposes.

Employee: \_\_\_\_\_ Hiring Department: \_\_\_\_\_  
Payroll Title: \_\_\_\_\_ Department Contact: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Dept. Contact Phone: \_\_\_\_\_  
Employee ID: \_\_\_\_\_ Dept. Contact Email: \_\_\_\_\_

## SECTION 1: IRS Time & Distance Requirements

1) Distance Requirement: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the employee's new principal place of work at least 50 miles farther from the employee's old residence than was the employee's former principle place of work?

2) Time Requirement: Yes \_\_\_\_\_ No \_\_\_\_\_

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?

3) Commencement of Work Requirement: Yes \_\_\_\_\_ No \_\_\_\_\_

Were the employee's moving expenses incurred within one year from their start date?

## SECTION 2: House-hunting Expenses (*Senior Management Group only*)

Employee: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_  
Rental Car: \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_ Airfare paid by employee: \$ \_\_\_\_\_  
Ground Transportation: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_  
Personal Vehicle \$ \_\_\_\_\_ Miscellaneous Expenses: \$ \_\_\_\_\_ **Total 2 \$** \_\_\_\_\_

## SECTION 3: Final Move

### 3A. Moving Expenses paid directly to vendor by UCOP (to be recorded as imputed income)

Moving company name: \_\_\_\_\_ Invoice Numbers(s): \_\_\_\_\_  
Purchase order(s): \_\_\_\_\_ Total PO amount: \$ \_\_\_\_\_  
Household move total: \$ \_\_\_\_\_ Cost of shipping personal vehicle(s) \$ \_\_\_\_\_  
Storage charges incurred in transit only: \$ \_\_\_\_\_

### 3B. Transportation Expenses paid directly to vendor by UCOP (to be recorded as imputed income)

Airfare paid by UCOP Department: \$ \_\_\_\_\_ PTA #: \_\_\_\_\_  
Other Direct Payments: \$ \_\_\_\_\_ Purchase order #: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

**Total of 3A & 3B \$** \_\_\_\_\_

### 3C. Transportation - Expenses paid out-of-pocket by employee

Employee: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_  
Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_  
Other (explain): \_\_\_\_\_ Other (explain): \_\_\_\_\_  
Car mileage: \_\_\_\_\_ Airfare paid by employee: \$ \_\_\_\_\_  
Car license plate #: \_\_\_\_\_ Total dollar amount for mileage: \$ \_\_\_\_\_  
*(Refer to G-28 Appendix A for IRS established mileage rate for relocation)*  
Moving truck rental:\$ \_\_\_\_\_ Moving truck rental "FUEL": \$ \_\_\_\_\_ Ground transportation: \$ \_\_\_\_\_  
Pet Transportation: \$ \_\_\_\_\_ Type of pet(s): \_\_\_\_\_

**Total 3C: \$** \_\_\_\_\_

### 3D. Meals During Final Move

Policy: Travelers are required to claim actual cost not to exceed the daily cap (Travel and Entertainment Quick Tips) for travel 24 hours or more with overnight accommodations. No exceptions in exceeding the daily cap. Meal cap shall not be treated as a per diem,

Total meals:\$ \_\_\_\_\_ Date: \_\_\_\_\_ # of people: \_\_\_\_\_ Total meals:\$ \_\_\_\_\_ Date: \_\_\_\_\_ # of people: \_\_\_\_\_  
Total meals:\$ \_\_\_\_\_ Date: \_\_\_\_\_ # of people: \_\_\_\_\_ Total meals:\$ \_\_\_\_\_ Date: \_\_\_\_\_ # of people: \_\_\_\_\_

**Total 3D \$** \_\_\_\_\_

### 3E. Rental Car & Gas Expenses (while primary vehicle is being shipped) Original itemized receipt required.

Rental Car \$ \_\_\_\_\_ Rental Car Gas Expense \$ \_\_\_\_\_

**Total 3E \$** \_\_\_\_\_

### 3F. Lodging During Final Move (if employee drove instead of flying) Original itemized receipt required.

Number of Nights \_\_\_\_\_ Check in Date: \_\_\_\_\_ Check out Date: \_\_\_\_\_ Rm+tax (Total):\$ \_\_\_\_\_ # of people: \_\_\_\_\_  
Number of Nights \_\_\_\_\_ Check in Date: \_\_\_\_\_ Check out Date: \_\_\_\_\_ Rm+tax (Total):\$ \_\_\_\_\_ # of people: \_\_\_\_\_

**Total 3F \$** \_\_\_\_\_

### 3G. Temporary Housing & Meals

- ✓ Refer to offer letter for the number of allowable days.
- ✓ Original itemized hotel receipts required.
- ✓ Attach spreadsheet if more detail is needed.
- ✓ Refer to Travel & Entertainment Quick Tips card for meal Cap requirements.

Number of Nights: \_\_\_\_\_ Check in Date: \_\_\_\_\_ Check out Date: \_\_\_\_\_ Rm+tax (Total):\$ \_\_\_\_\_ # of people: \_\_\_\_\_  
Total meals/ groceries: \$ \_\_\_\_\_ Date: \_\_\_\_\_ # of people: \_\_\_\_\_ Total meals/ groceries: \$ \_\_\_\_\_ Date: \_\_\_\_\_ # of people: \_\_\_\_\_  
Total meals/ groceries: \$ \_\_\_\_\_ Date: \_\_\_\_\_ # of people: \_\_\_\_\_ Total meals/ groceries: \$ \_\_\_\_\_ Date: \_\_\_\_\_ # of people: \_\_\_\_\_

**Total 3G \$** \_\_\_\_\_

### 3H. Miscellaneous Expenses

Parking: \$ \_\_\_\_\_

Tolls: \$ \_\_\_\_\_

Identify: \_\_\_\_\_ Other Expenses: \$ \_\_\_\_\_

Identify: \_\_\_\_\_ Other Expenses: \$ \_\_\_\_\_

Identify: \_\_\_\_\_ Other Expenses: \$ \_\_\_\_\_

**Total 3H \$** \_\_\_\_\_

### SECTION 4: Residence Selling and Lease Termination Cost

Residence Selling Cost: \$ \_\_\_\_\_

Brokerage Commission: \$ \_\_\_\_\_

Closing cost: Miscellaneous \$ \_\_\_\_\_

Seller's cost: \$ \_\_\_\_\_

Lease termination cost: \$ \_\_\_\_\_

**Total 4 \$** \_\_\_\_\_

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### SECTION 5. Accounting Information (to be completed by department)

LOC	ACCOUNT	CC	FUND	PROJECT	SUB	SOURCE	AMOUNT
M					<b>01</b>		
M					<b>01</b>		

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approver Name: \_\_\_\_\_

Approver Title: \_\_\_\_\_

Completed form, copy of offer letter and required receipts must be routed to the Business Resource Center (BRC) Purchasing Order & Payments Team. The BRC POP Team will work with UCOP Payroll payroll as necessary.

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### BRC USE ONLY

Date submitted to Payroll: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Payroll please process the following accordingly:

Pay directly to employee: \_\_\_\_\_

Process as imputed income: \_\_\_\_\_

## Notes

- \* Complete one Relocation Expense form per move.
- \* Departments are responsible for submitting the original receipts in case of audit.
- \* Receipts: Academic departments should check with the Dean's Office for internal policy.
- \* Attach a copy of the signed OFFER Letter.
- \* Qualified moving expense reimbursements are to be processed (i.e., reported on the employee's W-2 form) within the same calendar year in which the expenses were incurred.
- \* Resources:
  - \* G-13 (MSP/PSS Titles) <http://policy.ucop.edu/doc/3420347/BFB-G-13>
  - \* SMG Moving Reimbursement Regents Policy 7710: [http://policy.ucop.edu/\\_files/smg-docs/smg\\_move\\_reimburse.pdf](http://policy.ucop.edu/_files/smg-docs/smg_move_reimburse.pdf)
  - \* BRC Relocation website

## **PRIVACY NOTIFICATION**

### FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to section 6011 and 6051 of subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256 Code Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is used to verify your identity. The principal uses of the number shall be to report (1) Federal and State income taxes withheld, (2) Social Security contributions, (3) State unemployment and worker's Compensation earnings, and (4) earnings and contributions to participating retirement systems.

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

### RELOCATION EXPENSE FORM

*Individuals who are asked to supply information:*

The principal purpose for requesting the information on this form is for reimbursement of expenses and for miscellaneous payroll and personnel matters, such as, but not limited to, withholding of taxes. University policy and State and Federal statutes authorize the maintenance of this information. Furnishing all information requested on this form is mandatory-- failure to provide such information will delay or may even prevent the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the Federal and State governments as required by law. Individuals have the right to review their own records in accordance with staff personnel policies, collective bargaining agreements, and Academic Personnel Manual Section 160. Information on these policies can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

*The offices responsible for maintaining the information contained on this form are: BRC and UCOP Payroll*