

## **Moving Expense Reimbursement Form**

The University of Puget Sound will cover the full cost of moving household goods up to \$1,500, and one-half of expenses beyond the initial \$1,500, up to a maximum reimbursement of \$3,000. If, for example, an individual's moving expenses totaled \$2,356, the reimbursement would be \$1,928 (\$1,500 in full and \$856 at 50%). Receipts for all moving expenses must be attached to the Moving Expense Reimbursement form; reimbursement will not be processed without these receipts.

The university's moving expense reimbursement covers only those items listed on the reimbursement form and that are required to move individuals in one's household. Expenses such as meals, house hunting trips, car repairs, veterinary bills, etc., will not be covered under the moving expense reimbursement. Eligibility for moving expense reimbursement is addressed at the time of offer of employment. Moving expenses are taxable under IRS guidelines. Please visit <a href="https://www.irs.gov/newsroom/tax-reform-changes-qualified-moving-expense-reimbursements">https://www.irs.gov/newsroom/tax-reform-changes-qualified-moving-expense-reimbursements</a> for more detailed information.

Reimbursement requests for eligible **faculty** should be submitted to the **Provost's Office** (Jones 111) and reimbursement requests for eligible, **exempt staff** should be submitted to **Human Resources** (Howarth 016) for approval and processing within thirty (30) days from the date of move. If you have any questions regarding the completion of this form, contact the Provost's Office (253.879.3205 or <a href="mailto:provost@pugetsound.edu">provost@pugetsound.edu</a>) or Human Resources (253.879.3369 or <a href="mailto:provost@pugetsound.edu">provost@pugetsound.edu</a>).



**Budget Number:** 

## **Employment**

	Request for Moving Exp	ense Reimburse	ment
Name:			
(Last)	(First)	(MI)	
Position Title:			
Department:			
(Stre	eet Address)		
(City)	<u> </u>	(State)	
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_	(Street Address)		<del></del>
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Former Work Address		•	
Former Work Address	(Street Address)		<del></del>
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	(City)	(State)	(Zip)
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Complete appropriate ca taxable under IRS guidel	=	ing the payment mad	e to this form. Moving expenses  Amount
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Date Processed:

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