



Employee Relocation Expense
Reimbursement Voucher

Refer to UM Policy HRO.PC.400.110 for guidelines

Name: _____ Personnel Number: _____ Date of Hire: _____

Address: _____ Hiring Department: _____
(current) _____

Address: _____ Department Contact: _____
(former) _____

Contact Phone: _____

Contact Email: _____

Section 1: Time & Distance Requirements	
A. Time & Distance Requirements	_____ Yes _____ No
Is the employee's new principal place of work at least 50 miles further from the employee's residence than former principal place of work?	
B. 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 start date?	
C. Commencement of Work Requirement	_____ Yes _____ No
Were the expenses incurred within one (1) year of hire date?	

Section 2: Pre-Move House Hunting Expenses (taxable)					
Airfare		Lodging			
Rental Car		Meals (itemized receipts required)			
Personal Vehicle		Miscellaneous			
Mileage	From	To	Miles	Rate	Total
a.					
b.					
c.					
**Total Pre-Move House Hunting Expenses				\$	

Section 3: Moving Expenses			
A. Transportation and Storage of Household Goods (non-taxable)			
Payment of Truck Rental		Gasoline for Rental Truck	
Payment to Professional Movers		Storage fee(s)	
Labor to pack/crate/unload		Insurance	
Total Costs for Transportation and Storage of Household Goods			\$

B. Travel from old home to new home (non-taxable – see footnote below)					
Airfare			Lodging	Parking/tolls	
Mileage	From	To	Miles	Rate	Total
a.					
b.					
c.					
Total Costs for Travel			\$		

C. Meals – itemized receipts required (taxable)			
Date	Amount	Date	Amount
**Total Costs for Meals			\$

Section 4: Miscellaneous Expenses – list all other payments here (taxable)			
Temporary Housing			Other
Other			Other
**Total Costs for Miscellaneous Payments			\$
Total Reimbursement Request			
Expenses paid directly on behalf of employee			
Total Relocation Expenses			\$

FOOTNOTE: If the moving agreement called for reimbursement of actual gasoline expenses in lieu of standard mileage, please total all gasoline receipts and enter amount on line 2.a. or 3.B.a., whichever applies. Attach receipts to the back of this form.

DISTRIBUTION OF TOTAL REIMBURSEMENT PAYMENT					
Fund	G/L Code	Account	Date	Signature of Signatory Officer	Amount
	55865				\$
	55865				
	55865				

I certify that the expense(s) itemized above have been reviewed and are accurate, and I understand that only one Relocation Expense Reimbursement form may be submitted. (Please attach a copy of your Terms and Conditions memo.)

****I acknowledge that all or part of the reimbursed expenses may be considered taxable income under IRS regulations.**

Employee Signature: _____ Date: _____
 Department Head Signature: _____ Date: _____

FOR PAYROLL USE ONLY					
DATE PROCESSED	WAGE TYPE	TAXABLE	NON-TAXABLE	NOT REIMBURSED	TOTAL
Processed by			Document Number		