



## Moving Expense Allowance Form

Name: \_\_\_\_\_ M#: \_\_\_\_\_

Position # or Title: \_\_\_\_\_

Moving from: \_\_\_\_\_ Moving to: \_\_\_\_\_  
\_\_\_\_\_

Total Distance: \_\_\_\_\_ miles

Date of Relocation: \_\_\_\_\_ of \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Budget/Department: \_\_\_\_\_ Account Code: 6123

To be paid: October 1 of \_\_\_\_\_ or \_\_\_\_\_ of \_\_\_\_\_.

Please Note: Payments made under reimbursement or **other expense allowance arrangements** made under a non-accountable plan are considered supplemental wages subject to Federal, State and FICA (FIM and FIO); not subject to TRS.

**Requestor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean/Department Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice President/Division Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR HR/PAYROLL USE ONLY:**

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