Portland State UNIVERSITY

Reset

NEW EMPLOYEE MOVING EXPENSE REIMBURSEMENT REQUEST

Moving expense reimbursement must be submitted no later than 60 days following move date

Name **PSU ID** **Address** (new)		**Address (moving from)**		
Title		**PSU Department**	**Contact Name**	**Phone No.**

Date	DEDUCTIBLE EXPENSE (NON-TAXABLE)	Amount
	Sub-Total (Total for Account Code 10790 - FMR)	0.00

Date	NON-DEDUCTIBLE EXPESE (TAXABLE) to be reimbursed net of tax through payroll	Amount
	Sub-Total (Total for Account Code 10780 - FMN)	0.00
	GRAND TOTAL:	

MOVING EXPENSE ALLOWANCE $ _____ (attach contract or letter of offer, and reimbursement should not exceed this amount)

Index Code	Account Code	Activity Code	Payment Amount

Index Code	Account Code	Activity Code	Payment Amount

EMPLOYEE CERTIFICATION

I certify that the expenses itemized above have been incurred in the performance of my official duties, and that the charges therefore are just and that no part thereof has been heretofore paid.

I understand that I will be taxed on the reimbursement of my non-deductible moving expenses and that both deductible and non-deductible moving expenses will be reported on my annual W-2 Wage and Tax Statement.

Claimant's Signature Date

I certify that the expenses itemized above have been reviewed by me and are accurate, allowable, and appropriate. It is within my budgetary authority to approve this expense report.

Department Approval Date

Print Name & Title - REQUIRED

Human Resources Use Only	For BO-SAS Use Only	Business Office Audit Approval
Account Code: 10790-FMR $_____ Account Code: 10780-FMN $_____		Department Approval Date Print Name & Title - REQUIRED