UC IRVINE RELOCATION EXPENSE FORM

Managers and Senior Professionals (MSP) and Professional and Support Staff (PSS) Personnel

Note: subtotal and total fields do not calculate; you must manually enter expense totals before submitting to Accounting.

References

<u>UC Policy G-13</u> for list of allowable expenses for non-academic titles (MSP and PSS) Moving & Relocation Expenses – UCI website: https://accounting.uci.edu/moving

Department is required to submit:

- All receipts with proof of payment of reimbursable final personal moving expenses for auditing purposes.
- Include a copy of the signed offer letter. Redact compensation information.
- Exceptional approvals must be in writing, signed and attached in the Move/Relo Reimbursement document.

Relationship Rela	Employee Name Payroll Title Start Date	Dept. Contact Name
Relationship Relationship Relationship Relationship Name Relationship Relationship	Immediate Family Member's Full Nan	nes
Relationship Rela	Name	Relationship
Name		
Name		
SECTION 1: Time & Distance Requirements – answer all four questions. 1. Meet the Distance Requirement?YesNo The distance between the employee's new job location and his/her former principal residence must be at least 50 miles more than the distance between the employee's previous work location and his/her former principal residence. 2. Meet the Time Requirement?YesNo Will the employee work full time for at least 39 weeks during the 12-month period immediately following the employee's start date? 3. Commencement of Work RequirementYesNo Moving expenses incurred within one year from the time the employee first reports to the new job? 4. Have all three of the above been met?YesNo SECTION 2: Expenses 2A. Temporary Housing & Groceries (Up to 30 days) Policy: Temporary housing & groceries, refer to the move policy for eligibility and allowable number of days. Original itemized receipts with proof of payment required. Attach a spreadsheet for additional details. Refer to Section 2B for meal cap requirements. Number of Nights: Check In Date: Check Out Date: Room & Tax Total: # of People: Total Meals \$ Date: # of People	Name	Relationship
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Total Meals \$ Date: # of People	·	
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2B. Meals during Final Move

Policy: Meals & IE, employees are required to claim actual costs not to exceed the per person daily cap (refer to
University California G-28 Travel Regulations, Appendix B) for travel 24 hours or more with overnight accommodations.
No exceptions in exceeding the per person daily cap. M&IE cap shall not be treated as a per diem reimbursement.

Total Meals	\$	Date:	# of People	
Total Meals	\$	Date:	•	
Total Meals	\$	Date:		
Total Meals	\$	Date:		
Total Meals	\$	Date:		
Total Meals	\$	Date:		
	-			ring Final Move Expenses (2B) \$
	icy: Vehicle ren			ned) - Attach itemized receipts with proof of ehicle, considered an upgrade will require
Pontal Car	ċ	Gas Expense	ć	
Rental Car	۶	Gas Expense		antal Car 8 Cas Evrances (20) ¢
			Sub-Total of K	ental Car & Gas Expenses (2C) \$
2D. Storage (U	Jp to 30 days) c	harged incurred b	efore and after transit \$	Total of Storage (2D) \$
			TOTAL EXPENSES	5, SECTION 2 - (Total of 2A-2D) \$
residence mus and in the sho	st be made via a	a conventional mor rmally required to	de of transportation using t	age, etc. A move from the old to the new he shortest and most direct route available vide the moving company's original itemize
Moving Comp	any Name:			Total: \$
Household pe	rsonal move mi	sc. expenses (mov	ing supplies: boxes, bubble	wrap, tape, etc.) Total: \$
100% Lah lihr	ary move to Ca	mnus		Total: \$
The moving co	ompany must pi	rovide a separate o		sehold goods, showing the lab/library mov
expense direct	t to OCI Campu	s. This is required		rd-Party Expenses (3A) \$
			Sub-Total of Till	ru-rarty expenses (SA) \$
20. Walitala T		1	Daniel A	In
3B. Venicie i	Transport, Ship	opea	Deposit \$_	Final Payment \$ sport, Shipped Expenses (3B) \$
			Sub-Total of Vehicle Tran	sport, Shipped Expenses (3B) \$
	=		drive personal vehicle ins	· -
	•		imediate family, not to exce ance with UC G-28 Travel Ro	eed the cost of air coach transportation. If egulations.
Car mileage:		Total dollar amou	nt for mileage: \$	
Milegae rate fo	r personal vehicle	e reimbursed at the	rate published in the IIC G-28	 Appendix A. Mileage reimbursed based on mos
			. Provide Google Map or Map(
				Ground transportation: \$
		·		
				tal Transport Expenses - (3C) \$
			TOTAL EXPENSES	SECTION 3 - (Total of 3A-3C) \$

SECTION 4: Relocation Expenses 4A. Air Transportation - Coach/Economy Class - One way airfare from former residence to new residence. AIRFARE paid by the employee: \$______-Include air confirmation with ticket numbers and proof of payment. Spouse/Partner Employee Name _____ Child 1 Child 2 Child 3 Child 4 Other (explain) Other (explain) Sub-Total Transportation Expenses - (Total of 4A) \$ _____ 4B. Lodging during Final Move Employees drive personal vehicle instead of flying. Attach the lodging original itemized receipts with the proof of payment. **Total # Nights** Room & Tax Totals Total # of People Rm & Tax \$____ # of Nights Check in date ____ Check out date # of People Rm & Tax \$____ Check in date _____ Check out date # of Nights # of People Rm & Tax \$_____ Check in date Check out date # of Nights # of People Rm & Tax \$____ # of Nights Check in date _____ Check out date # of People Sub-Total Lodging Expenses - (Total of 4B) \$ **4C. Miscellaneous Expenses** Parking: \$______ Tolls: \$_____ Other Expenses: \$ _____ Explanation: _____ Other Expenses: \$ _____ Explanation: _____ Other Expenses: \$ _____ Explanation: Sub-Total Miscellaneous Expenses - (Total of 4C) \$ TOTAL EXPENSES SECTION 4 - (Total of 4A – 4C) \$ **SECTION 5:** Accounting Information 5A. Full Accounting Unit - to be completed by the department. **CHART** ACCOUNT **SUB-ACCOUNT OBJECT** SUB-OBJ **PROJECT** ORG REF ID **AMOUNT** Employee should be aware all moving household and personal removal expense reimbursements are taxable/reportable. Taxes will be automatically deducted from the payment and reported on the employee's current year W-2. Amounts will be treated as taxable whether they are reimbursed to an employee or paid directly to a vendor. EMPLOYEE SIGNATURE: Date: Dept. Approver Signature: ______ Approver Title: _____ NOTES: Employee and departments are responsible for submitting the original receipts with proof of payment. Include the signed OFFER LETTER & if applicable the signed exceptional approval memo/letter. Qualified moving expense reimbursements will be processed (reported on the employee's W-2 form) within the same calendar year in which the expenses were incurred.

REFERENCES:

- Accounting web page: https://accounting.uci.edu/moving/
- G-13 Move & Relocation Policy (applies to MSP and PSS): http://policy.ucop.edu/doc/3420347/BFB-G-13