
**INSTRUCTIONS TO RELOCATION EXPENSE
AUTHORIZATION AND PAYMENT FORM**

How to Complete the Form

The Relocation Expense Authorization and Payment form must be completed according to the policy and procedure described in "IRS Requirements for Reimbursement of Moving Expenses".
Complete the form as follows:

Amount	Enter total dollar amount of reimbursement.
Tax Classification Amount	Enter the dollar amount of each expense, in the qualified or nonqualified column.
Payment To	Detail the amount paid to the employee or third party.
Total	Enter the total for each column. Combined totals for each column must equal the total amount reimbursed

Documentation Required

The following table lists the type of documentation required for each type of qualified moving expense. Attach the appropriate documentation to this form.

Qualified Expense	Documentation Required
Packing	Authorized certificate of packing
Moving	Canceled check or original receipt from mover AND itemized invoice ⁴
Shipping	Receipted bill of loading
Storage	Cancelled check or original receipt AND itemized invoice
Mileage	Shortest highway route (IRS standards) at current IRS reimbursement rate for moving expenses. <i>Note: This rate should not be confused with the corporate travel reimbursement rate for mileage</i>
Meals and Other Expenses	Original Receipts

RELOCATION EXPENSE AUTHORIZATION AND PAYMENT

Name:		Social Security Number:	
Address:			
City:	State:	Zip:	
Assignment:		Effective Date of Appointment:	
Relocation Date:			

Expense	Amount	Tax Classification Amount		Payment To	
		Qualified (nontaxable)	Nonqualified (taxable)	Employee	Third Party
Packing					
Moving					
Storage					
Mileage					
Lodging					
Meals					
Other					
Total*					

*Attach required documentation for the type of expense(s) listed above (refer to "How to Complete the Form" instructions). The maximum reimbursement is \$3,000.

Certification of Receipt:

Signature of **Appointee**

Date

This is to certify that the expenses listed above were incurred in the relocation of personal/household items. I understand that I am liable for any taxation resulting from reimbursement of nonqualified expenses. I understand that if I leave from this position for reasons within my control within 12 months of the assignment start date, moving expenses must be repaid to the Research Foundation of SUNY.

Certification of Project Director

Signature of **Project Director**

Date

This is to certify that the reimbursement of moving expenses was necessary to attract the candidate(s). I have reviewed the terms and conditions of this award and have determined that sponsor guidelines allow the reimbursement of relocation expenses in this instance.

Authorization of Payment/Reimbursement Waiver:

Signature of **Operations Manager** or delegate

Date