Relocation Expense Application Form

INSTRUCTIONS

1. Faculty/Staff member please complete sections I, II & III
2. Department Administrator or Manager must sign section IV to approve relocation reimbursement.
3. Faculty/Staff member submits completed form along with original receipts. Note: IRS regulation prohibits reimbursement of pre-move expenses and meals. Receipts are required for all reimbursable items. This form and receipts must be submitted within 3 months of date of hire.

SECTION I
EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>EMPLOYEE NAME:</th>
<th>POSITION TITLE:</th>
<th>HIRE DATE:</th>
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<tbody>
<tr>
<td>POSITION TITLE:</td>
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<tr>
<td>DEPARTMENT:</td>
<td></td>
<td>LIFE #:</td>
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<td>WORK PHONE #:</td>
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<td>EMAIL:</td>
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<td>HOME PHONE #:</td>
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<td>CELLPHONE #:</td>
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HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>SPOUSE NAME:</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>RELATIONSHIP</th>
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<tbody>
<tr>
<td>DEPENDENT #1:</td>
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<td>DEPENDENT #2:</td>
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<td>DEPENDENT #3:</td>
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<td>DEPENDENT #4:</td>
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DEPARTMENT INFORMATION

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<tr>
<th>DEPARTMENT:</th>
<th>CONTACT NAME:</th>
<th>TITLE:</th>
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<tr>
<th>PHONE NUMBER:</th>
<th>EMAIL:</th>
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SECTION II

RELOCATION INFORMATION (For moving normal household goods, furnishings and personal effects):

<table>
<thead>
<tr>
<th>FORMER RESIDENCE</th>
<th>NEW RESIDENCE</th>
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<tbody>
<tr>
<td>STREET:</td>
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<td>CITY:</td>
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<td>STATE:</td>
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<td>ZIP:</td>
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Date of Actual Move _____/_____/_____

Is the distance from the new residence to Einstein at least 50 miles farther than the distance from your old residence to your old employer? _____Yes _____No

Maximum Reimbursement Allowed

50 TO 500 MILES _____ $1,500 Staff

501 OR MORE MILES _____ $2,000 Staff

50 OR MORE MILES _____ $7,500 Faculty

Is this your first reimbursement request? _____Yes _____No

If no, what was the amount of the previous reimbursement? = $__________._____

SECTION III

EXPENSES – TRAVEL AND LODGING (Reimbursement is for one trip that is the shortest most direct route available for the eligible applicant, spouse and other members of household):
1. **AIR, BUS OR TRAIN FARE (Economy Class)**

\[
\text{(# of Fares)} \times \text{Cost/Fare} = \$\text{________.______}
\]

2. **RENTAL CAR/TAXI/INTERCITY FARES**

\[
= \$\text{________.______}
\]

Tolls, Intercity Fares, Shuttle & Parking Fees

\[
= \$\text{________.______}
\]

Taxi

\[
= \$\text{________.______}
\]

3. **TRAVEL BY PERSONAL VEHICLE - 1 CAR** (The cost of fuel is included in the mileage rate)

\[
\text{(# of Miles)} \times 0.23 = \$\text{________.______}
\]

Tolls, & Parking Fees

\[
= \$\text{________.______}
\]

4. **LODGING/HOTEL** (Maximum $200/night)

Check in Date _____/_____/_____

Check out Date _____/_____/_____

Name/location of Hotel________________________________________________________

\[
\text{(# of Nights)} \times \text{Rate/Night} = \$\text{________.______ (Total)}
\]

**TOTAL TRAVEL AND LODGING (A):** = \$\text{________.______}

**EXPENSES – TRANSPORTATION OF HOUSEHOLD GOODS**

1. **COMMON CARRIER**

Name of Carrier ________________________________________________________________

Will/was any of the cost be paid to the carrier via a P.O.?

\[
\text{________ Yes} \quad \text{P.O. # } \text{______________} \quad \text{AMOUNT: } = \$\text{________.______}
\]

\[
\text{________ I am requesting additional reimbursement*}
\]

*Additional reimbursement will not be processed until the final P.O. amount has been determined.
2. SELF MOVE/MISCELLANEOUS

Vehicle rental and accessories = $__________._____
Packing/shipping supplies = $__________._____
Temporary Storage of household goods (up to 30 days after move) = $__________._____
In-transit Insurance = $__________._____

TOTAL TRANSPORTATION OF HOUSEHOLD GOODS (B): $__________._____

TOTAL AMOUNT REQUESTED (COMBINE A & B): $__________._____

SECTION IV

EMPLOYEE CERTIFICATION AND AGREEMENT

I certify that the expenses listed above were incurred for the sole purpose of the relocation of personal and household items for me and my other household members. I understand that I will not be reimbursed for items that I have not provided a receipt. I acknowledge that the reimbursement amount will not exceed the maximum as outline in this application and the Relocation Financing Policy.

Employee Signature ______________________________ Date____________________

ADMINISTRATOR/ MANAGER APPROVAL

I approve payment of relocation expenses for the staff/faculty member indicated above.

Signature________________________ Date____________________