

NORTHERN ARIZONA UNIVERSITY
MOVING EXPENSE
EMPLOYEE MOVING EXPENSE REIMBURSEMENT AUTHORIZATION TO PAY

EMPLOYEE NAME _____

Employee ID Number (7 digit number) _____

(A) NAU DIRECT VENDOR PAID MOVING EXPENSE

Total moving expenses paid by NAU directly to an approved NAU moving vendor: \$ _____

(B) DEDUCTIBLE EXPENSES TO BE REIMBURSED (NON-TAXABLE): Position Number: _____

Total deductible expense reimbursement will be included on employee's W-2. You can deduct only those expenses that are reasonable for your move. Supporting documentation and **original** receipts must be attached.

Transportation of household goods and personal effects: \$ _____

Travel to new household (dates of move _____)

Lodging: \$ _____

Actual automobile expenses **OR** mileage calculated at current IRS rate*: \$ _____

Parking/toll fees paid while in transit: \$ _____

Storage of household goods and personal effects (subject to 30 day limit): \$ _____

Car shipping costs: \$ _____

Other (specify) _____ \$ _____

TOTAL DEDUCTIBLE EXPENSE REIMBURSEMENT: \$ _____

(C) NONDEDUCTIBLE EXPENSES TO BE REIMBURSED (TAXABLE): Position Number: _____ (Cannot use state funds)

Total nondeductible expense reimbursement will have taxes withheld at the employee's normal withholding rate and be included on the employee's W-2. Supporting documentation and **original** receipts must be attached.

Meal expense while in transit to NAU: \$ _____

Portion of mileage reimbursement greater than the IRS rate*: \$ _____

Pre-move house hunting expenses (dates of pre-move trip _____): \$ _____

Other nondeductible expenses (please specify, attach itemized list if more room is needed): \$ _____

TOTAL NONDEDUCTIBLE EXPENSE REIMBURSEMENT: \$ _____

(D) EMPLOYEE CERTIFICATION: *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 W-2 Wage and Tax Statement. I understand that if I resign from NAU within 24 months of my hire date, I will be required to reimburse NAU for a prorated portion of my moving expense reimbursement. Repayment amount will be reduced by the number of full months worked.*

Signature of Employee Requesting Reimbursement

*For IRS Mileage Rate and other pertinent information check [IRS Publication 521, "Moving Expenses"](#)

(E) AUTHORIZATION OF MOVING REIMBURSEMENT:

Total Moving Expense Requested (Sections A+B+C)	\$ _____
Total Moving Expenses Allowed (per offer letter)	\$ _____
Amount Approved for Payment	\$ _____

Authorized Department Signer Date: _____

President, Provost/Vice President Date: _____

Comptroller's Office Date: _____

Budget Office Date: _____

Human Resources Date: _____