

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

EMPLOYEE NAME _____

Employee ID Number (7 digit number) _____

NAU DIRECT VENDOR PAID MOVING EXPENSE – NCA (TAXABLE)

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

Total moving expense reimbursement will have taxes withheld at the employee's normal withholding rate and be included on the employee's W-2.

EXPENSES TO BE REIMBURSED (TAXABLE): Position Number: _____

Total moving 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.

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*: \$ _____

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

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

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

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

Car shipping costs: \$ _____

Other (specify) _____ \$ _____

TOTAL TAXABLE MOVING EXPENSE REIMBURSEMENT: \$ _____

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

Total moving 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: \$ _____

TOTAL TAXABLE EXPENSE REIMBURSEMENT: \$ _____

(D) EMPLOYEE CERTIFICATION: *I understand that I will be taxed on my moving expenses and that 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 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: _____