ARIZONA STATE UNIVERSITY
EMPLOYEE MOVING EXPENSE REIMBURSEMENT WORKSHEET

To avoid a delay in processing a reimbursement, please read the related instructions before completing the form.

EMPLOYEE NAME _____ ***ASU ID #*** _____

PART A: DEDUCTIBLE EXPENSES (NON-TAXABLE):

Transportation of household goods and personal effects $ _____

Travel to new job location: (date of move_____)

Lodging in transit, last night at old job location and first night at new job location $_____

Airfare $_____

Actual automobile expenses OR $_____

Mileage (_____miles * current IRS rate; see the Travel Mileage Chart) $_____

Parking and toll fees paid while in transit $_____

Other (specify) _____ $_____

Storage of household goods and personal effects (30 days maximum) $_____

Car shipping costs $_____

Other (specify) _____ $_____

TOTAL DEDUCTIBLE EXPENSE REIMBURSEMENT $ 0

PART B: NON-DEDUCTIBLE EXPENSES (TAXABLE) TO BE REIMBURSED NET OF TAX THROUGH PAYROLL:

Meal expenses while in transit (no alcohol) $_____

Portion of mileage reimbursement greater than current IRS rate $_____

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

Other non-deductible expenses (Be specific.)

_____ $ _____

TOTAL NON-DEDUCTIBLE EXPENSE REIMBURSEMENT: $ 0

PART C: 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 annual W-2 Wage and Tax Statement.

_____ _____

Signature of employee requesting reimbursement Date

PART D: DEPARTMENTAL AUTHORIZATION OF NON-DEDUCTIBLE REIMBURSEMENT:

Amount of total non-deductible expenses to be charged to agency/org $ 0

(Must equal amount from part B)

Agency/org to be charged: _____

X_____

Authorized Agency/Org Signer

FINANCIAL SERVICES REVIEW:

x_____ **Submitted to payroll on** _____

Accountant's Signature/Date

Revised 8/12/2016