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.

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<table>
<thead>
<tr>
<th>EMPLOYEE NAME</th>
<th>ASU ID #</th>
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**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: $________

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**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 and use the back of the form if you need more space.)

- TOTAL NON-DEDUCTIBLE EXPENSE REIMBURSEMENT: $________

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**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 ____________

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**PART D: DEPARTMENTAL AUTHORIZATION OF NON-DEDUCTIBLE REIMBURSEMENT:**

- Amount of total non-deductible expenses to be charged to agency/org
  - $________
  - (Must equal amount from part B)
- Agency/org to be charged: ________________________________
  - X__________
  - Authorized Agency/Org Signer ____________

**FINANCIAL SERVICES/WEST BUSINESS SERVICES REVIEW:**

- Submitted to payroll on ____________
- Accountant’s Signature/Date ____________

Revised 8/27/2014