

Moving Expense Certification

Southern Illinois University Edwardsville

PURPOSE:

This form is to be completed by the hiring department to request an employee moving expense reimbursement and / or report employee moving expenses paid directly by / provided by the University and / or the SIUE Foundation for tax reporting purposes. If employee is requesting a reimbursement, this form must be accompanied by original receipts/invoices and must be submitted to Accounts Payable within 60 days of when the moving expenses were paid or have been incurred.

PART 1: EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ M.I. ____ Banner 800 #: _____

Is the payment made to or on the behalf of a U.S. citizen or permanent resident? Yes No

Hiring Department: _____ Account Number: _____

Hiring Department Contact Name: _____ Email: _____ Phone: _____

PART II: MOVE INFORMATION

Dates of Travel:

Pre-move: _____ Final move: _____ Move in date to new residence: _____

Number of people moving from old residence to new residence: _____

Provide a brief itinerary (timeline) of move:

**No expenses allowed for additional family or friends helping with the move (e.g. airfare, lodging, meals).

PART III: SUPPLEMENTAL INFORMATION

Moving expense budget cap allowed _____

Company contracted for move (if paid directly by University and/or SIUE Foundation):

Company Name: _____ FEIN: _____

Address: _____

City: _____ State _____ Zip Code: _____

Scheduled date of arrival: _____

Employee desires to: (please check one only)

- Pay company in full and be reimbursed for the University's share of costs.
- Pay his/her share, and have the University pay its share directly to the moving company named above.

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PART IV: MOVING EXPENSES (To be filled out by Back Office after receipts have been received).

Expense Type	Employee Reimbursement (Taxable wages, Form W-2, subject to tax withholding at time of payment)	Paid to Third Party (Taxable wages, Form W-2, subject to tax withholding)	Services Provided In Kind ** (Taxable wages, Form W-2, subject to tax withholding)	Total
Moving Van Line				
Rental Truck or Trailer				
Storage Costs (Up to 30 days)				
Airfare (Final trip for employee and each member of household)				
Lodging (not meals)				
Auto expense (final trip for employee and each member of household): Actual gas and oil cost or miles at IRS deemed rate *** \$.22 for 2023				
Parking fees and tolls				
Packing and crating supplies				
Meals incurred on final trip				
Pre-move house hunting trips (Example: travel, meals, and lodging)				
Temporary living expenses				
Other (attach detail)				
TOTAL				

** For example, the value of University-provided temporary housing.

*** For current IRS deemed rate for mileage, please contact accounts payable at (618) 650-2585 or ap@lists.siu.edu

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PART V: EMPLOYEE ACKNOWLEDGMENT

I understand that all moving expenses will be treated as wages and reported on my Form W-2 pursuant to IRS code Sec. 132(g) of the 2017 Tax Reform Act.

Employee Signature: _____

Date: _____

PART VI: AUTHORIZATION

Department Dean or Director Signature: _____

Date: _____

Vice Chancellor Signature: _____

Date: _____

PART VII: REVIEW OF PART IV - BACK OFFICE ONLY

Approved Part IV as is Correction(s) to Part IV made

If a change(s) is made to Part IV, a copy of this form with the change will be sent to the contact person of the hiring department and a copy to the employee. A copy of this form will be forwarded to Payroll for proper tax reporting and treatment and, if applicable, to Accounts Payable for payment processing.

Back Office Reviewer's Signature: _____

Date: _____

For moving expense questions, please contact Accounts Payable at 618-650-2585 or ap@lists@siue.edu

FINAL CHECKLIST:

- Attach original receipts
- 2023 mileage rate for moving purposes is \$.22/mile
- Sign Employee Moving Expense Certification form
- Give Employee Moving Expense Certification form and all original receipts to your hiring department.