

## Taxable Moving Expense Reimbursement

*Please complete, attach original receipts, and send to Payroll Services.*

**Section 1:**

Employee Name: _____																							
Employee ID: _____	Employee Record: _____																						
Amount paid directly to employee																							
- Employee to be reimbursed through Payroll	\$ _____																						
<i>** Must attach receipt(s) totaling above amount</i>																							
Amount paid by employee prior to start date and reimbursed via A\P																							
- Employee to be taxed through Payroll	\$ _____																						
<i>** Must provide copy of request for check and invoice number(s) totaling above amount</i>																							
Amount paid by Rutgers directly to a vendor																							
- Employee to be taxed through Payroll	\$ _____																						
<i>** Must provide invoice number(s) totaling above amount</i>																							
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Unit</th> <th>Division</th> <th>Organization</th> <th>Fund Type</th> <th>Location</th> <th>Business Line</th> <th>Activity</th> <th>RU Initiative</th> <th>Project</th> <th>Task</th> <th>Expenditure UDO</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Unit	Division	Organization	Fund Type	Location	Business Line	Activity	RU Initiative	Project	Task	Expenditure UDO											
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**Section 2:**

<b>Department Administrator</b>		
Department Administrator - Printed name	Department Administrator - Signature	
Email	Phone	Date
<b>Approver: Department Head/Designee</b>		
Approver - Printed name	Approver - Signature	
Email	Phone	Date

**Section 3:**

FOR PAYROLL USE ONLY		
<b>Approved: Controller's Office - Payroll Services</b>		
Processed By	Date Processed	Applied to Pay Period