

## 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>	

Unit	Division	Organization	Fund Type	Location	Business Line	Activity	RU Initiative	Project	Task	Expenditure UDO

**Section 2:**

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

**Section 3:**

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