



Relocation Expense Authorization and Payment

Name: _____ Social Security Number: ____-____-_____

Address: _____

Assignment: _____ Effective Date of Appt: _____

Relocation Date: _____

Expense	Amount	Tax Classification Amount		Payment To:	
		Qualified (nontaxable)	Nonqualified (taxable)	Employee	Third Party
Packing					
Moving					
Storage					
Mileage					
Lodging					
Meals					
Other					
Total*					

*Attach required documentation for the type of expense(s) listed above (refer to “How to Complete the Form” instructions). The maximum reimbursement is \$3,000.

Certification of Receipt: _____ Date: _____

Signature of **Appointee**

This is to certify that the expenses listed above were incurred in the relocation of personal/household items. I understand that I am liable for any taxation resulting from reimbursement of nonqualified expenses. I understand that if I leave from this position for reasons within my control within 12 months of the assignment start date, moving expenses must be repaid to the Research Foundation of SUNY.

Certification of Project Director: _____ Date: _____

Signature of **Project Director**

This is to certify that the reimbursement of moving expenses was necessary to attract the candidate(s). I have reviewed the terms and conditions of this award and have determined that sponsor guidelines allow the reimbursement of relocation expenses in this instance.

Authorization of Payment/
Reimbursement Waiver: _____ Date: _____

Signature of **Operations Manager** or delegate