



MOVING EXPENSES SUPPORT FORM
[For Expenses Reimbursed / Paid by Penn State]
(Keep a copy for your records and submit)

SRFC Doc. # _____

Name: _____
 Moving From: _____

PSU ID #: _____
 Moving To: _____

| <u>Total Amount</u> | <u>Non-Taxable Amount</u> | <u>Federal Taxable Amount</u> |
|-------------------------|-------------------------------|-----------------------------------|
|-------------------------|-------------------------------|-----------------------------------|

A. Transportation of Household Goods and Personal Effects
 (Moving Van, Truck Rental, Cars, etc.)

| | | | |
|--------------------------|-------|-------|-------|
| Amount paid to you | _____ | _____ | _____ |
| Amount paid to 3rd party | _____ | _____ | _____ |

Check box if move is less than 50 miles further than current commute

B. Travel & Lodging Expenses for moving from old to new home

Date Depart _____ Date Arrival _____

| | | | |
|--------------------------|--------------------------|--------------------------|-------------------------|
| Lodging Exp: # of nights | _____ | _____ | _____ |
| Meals: # of meals | _____ | _____ | _____ |
| Personal Auto Mileage | _____ @ _____ cents/mile | _____ | _____ |
| | | (up to ___ (cents/mile)) | (over ___ (cents/mile)) |

Other form of transportation (please specify-air, car rental)

C. Pre-move Househunting Expense

First Travel Date _____ Last Travel Date _____

| | | | |
|--------------------------|--------------------------|-------|-------|
| Lodging Exp: # of nights | _____ | _____ | _____ |
| Meals: # of meals | _____ | _____ | _____ |
| Personal Auto Mileage | _____ @ _____ cents/mile | _____ | _____ |

Other form of transportation (please specify-air, car rental)

D. Temporary Living Expenses

| | | | |
|-----------------------------|-------|-------|-------|
| Lodging from _____ to _____ | _____ | _____ | _____ |
| Meals from _____ to _____ | _____ | _____ | _____ |

E. Storage of Household & Personal Effects

| | | | |
|---------------------|-------|-----------------|----------------|
| from _____ to _____ | _____ | _____ | _____ |
| | | (up to 30 days) | (over 30 days) |

F. Others - Specify

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Note: Real Estate related expenses are also taxable for State)

| | | | |
|--------------------------------|-------|-------|-------|
| Total Paid to Employee | _____ | _____ | _____ |
| Total Paid to 3rd Party | _____ | _____ | _____ |

Signature _____ Date _____

Receipts are required for all reimbursed expenses except meals and personal mileage