

Sam Houston State University

Relocation (Moving) Expense Reimbursement Form

Please complete a separate form for each individual for which reimbursement of moving expenses is requested. Forward completed form with indicated attachments to the SHSU Payroll Services Office located in the Thomason Building, Suite 203. For questions, please call SHSU Payroll at (936) 294-1273 or via email at payroll_office@shsu.edu.

1. Employee Information:

Employee Name: _____

SAM ID: _____

Employee Signature: _____

2. Department Information:

Department Name: _____

Department Contact Name: _____ Ext.: _____

Department FOAP(s): _____ Amount: \$ _____
_____ Amount: \$ _____
_____ Amount: \$ _____

FOAP Authorized Signatory (Administrator):

Print Name: _____

Signature: _____

3. Please attach the following items:

1. Copy of written agreement to pay moving/relocation expenses.
 - ❖ Must have appropriate Vice President approval
2. Receipts
 - ❖ Receipts should be original or e-receipts

4. Direct Vendor Payment

1. BearKatBuy Purchase Order Number: _____

Per the passage of H.R.1 (Tax Cuts and Jobs Act – 2018), all moving expenses paid on behalf or reimbursed to an employee is taxable income and will be taxed at their current rate for payroll. An approximate date of payment will be provided to the department once all documents have been reviewed.

<i>For Payroll Department Use Only</i>			
\$ _____	One Time Pay Amt.	_____	Date Completed _____ Prepared By _____
\$ _____	Direct Pay Amt.	_____	Date Submitted to Disbursements _____