

# 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](mailto:payroll_office@shsu.edu).

### 1. Employee Information:

Employee Name: \_\_\_\_\_

SAM ID: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

*\*\*Employee has reviewed FO-29 Moving Policy and agrees to repayment clause as outlined.*

### 2. Department Information:

Department Name: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_ Ext.: \_\_\_\_\_

Department FOAP(s): \_\_\_\_\_ 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

### 4. Direct Vendor Payment

1. BearKatBuy Purchase Order Number: \_\_\_\_\_

\*Relocation allowances may be subject to repayment if a recipient voluntarily separates from employment within twenty-four (24) months of the employee's start date. Amounts subject to repayment are as follows:

<b>Separation from Employment</b>	<b>Amount of Repayment</b>
Six months	100% of Relocation Allowance
Twelve months	75% of Relocation Allowance
Eighteen months	50% of Relocation Allowance
Twenty four months	25% of Relocation Allowance

*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.*