



# Financial Services

## Moving Expense Reimbursement/Allowance Request

[Show Instructions](#)

Preparer ID:

Preparer Name:

Correction:

Yes

No

### Employee Details:

\*Employee ID:

Email:

Job Title:

Position Number:

\*Employee Name:

\*Employee's Start Date:

Department:

\*Faculty or Staff:

For Faculty, the request will be approved by AABP. For Staff, the request will be approved by HR.

### Moving Costs To Be Reimbursed With State Funds:

Requirements are provided in detail in OSBM Budget Manual [Section 6.8](#)

Use of state funds requires approval by the Chancellor. [Moving Expense Pre-approval Request Form](#) must be approved/submitted to use state funds.

#### Pre-Move House Hunting Expenses (maximum 3 trips, 2 days each)

Mileage: # of Miles Rate

Lodging (maximum 1 double room per trip)

Subsistence for Household Members (see [Travel Manual](#) for rates)

#### Travel Expenses on Day of Move (1-way trip; maximum 2 cars; maximum 2 days)

Mileage: # of Miles Rate

Lodging (maximum 1 double room)

Subsistence for Household Members (see [Travel Manual](#) for rates)

#### Moving Household Items From Old Residence to New

Packing, Transportation and Unpacking for Household Goods Defined Per [Section 6.8](#)

Transit Insurance costs are limited to the carrier's required base coverage of \$0.60 per pound per article per [Section 6.8.2](#)

Appliance Connect/Disconnect for Utilities Listed in [Section 6.8.3](#) (maximum of \$500)

Mobile Home Move (in lieu of other costs in this section, maximum of \$1,000)

Total State Funds:

### State Fund Details:

Pre-Approval Amount:

\*State Fund 1:

Amount:

Fund Number:

### Moving Allowance To Be Paid From Discretionary Funds:

Description:

Fund Number:

Amount:

Total Discretionary Funds:

### Tax Gross Up:

Gross-Up Discretionary Fund Number:

[\(see Gross-Up Calculation\)](#)

Gross-Up Amount:

**Total Amount to Pay to Employee:**

### Business Justification for Exception Amount (if applicable):

Refer to [Moving Procedures](#) for limits by employee type.

### Requested Approvals:

The following individuals will be approving this form. Once approved, if state funds are used routing to AP for audit will occur. Approved requests will then be sent to AABP or HR. If state funds are used final approval will be obtained from the Chancellor.

Supervisor/Designated Approver ID:

Supervisor/Designated Approver Name:

Additional Approver ID (optional):

Additional Approver Name (optional):

Email this form and the required attachments to [imagenowpay@uncc.edu](mailto:imagenowpay@uncc.edu)