



Albert Einstein College of Medicine

## Relocation Expense Application Form

### INSTRUCTIONS

1. Faculty/Staff member please complete sections I, II & III
2. Department Administrator or Manager must sign section IV to approve relocation reimbursement.
3. Faculty/Staff member submits completed form along with original receipts. Note: IRS regulation prohibits reimbursement of pre-move expenses and meals. Receipts are required for all reimbursable items. This form and receipts must be submitted within 3 months of date of hire.

### SECTION I

#### EMPLOYEE INFORMATION

<b>EMPLOYEE NAME:</b>			
<b>POSITION TITLE:</b>		<b>HIRE DATE:</b>	
<b>DEPARTMENT</b>		<b>LIFE #:</b>	
<b>WORK PHONE #:</b>		<b>EMAIL:</b>	
<b>HOME PHONE #:</b>			
<b>CELLPHONE #:</b>			

#### HOUSEHOLD MEMBERS

	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>RELATIONSHIP</b>
<b>SPOUSE NAME:</b>			
<b>DEPENDENT #1:</b>			
<b>DEPENDENT #2:</b>			
<b>DEPENDENT #3:</b>			
<b>DEPENDENT #4:</b>			

**DEPARTMENT INFORMATION**

<b>DEPARTMENT:</b>	
<b>CONTACT NAME:</b>	
<b>TITLE:</b>	
<b>PHONE NUMBER:</b>	
<b>EMAIL:</b>	

**SECTION II****RELOCATION INFORMATION (For moving normal household goods, furnishings and personal effects):**

	<b>FORMER RESIDENCE</b>	<b>NEW RESIDENCE</b>
<b>STREET:</b>		
<b>CITY:</b>		
<b>STATE:</b>		
<b>ZIP:</b>		

Date of Actual Move \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the distance from the new residence to Einstein at least 50 miles farther than the distance from your old residence to your old employer? \_\_\_\_ Yes \_\_\_\_ No

Maximum Reimbursement Allowed 50 TO 500 MILES \_\_\_\_ \$1,500 Staff

501 OR MORE MILES \_\_\_\_ \$2,000 Staff

50 OR MORE MILES \_\_\_\_ \$7,500 Faculty

Is this your first reimbursement request? \_\_\_\_ Yes \_\_\_\_ No

If no, what was the amount of the previous reimbursement? = \$\_\_\_\_\_.\_\_\_\_

**SECTION III****EXPENSES – TRAVEL AND LODGING (Reimbursement is for one trip that is the shortest most direct route available for the eligible applicant, spouse and other members of household):**

**1. AIR, BUS OR TRAIN FARE (Economy Class)**

\_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 (# of Fares) (Cost/Fare)

**2. RENTAL CAR/TAXI/INTERCITY FARES**

= \$ \_\_\_\_\_

Tolls, Intercity Fares, Shuttle & Parking Fees

= \$ \_\_\_\_\_

Taxi

= \$ \_\_\_\_\_

**3. TRAVEL BY PERSONAL VEHICLE - 1 CAR (The cost of fuel is included in the mileage rate)**

\_\_\_\_\_ x 0.23 = \$ \_\_\_\_\_  
 (# of Miles) (Rate/Mile)

Tolls, & Parking Fees

= \$ \_\_\_\_\_

**4. LODGING/HOTEL (Maximum \$200/night)**

Check in Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Check out Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name/location of Hotel \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 (# of Nights) (Rate/Night) (Total)

**TOTAL TRAVEL AND LODGING (A):** = \$ \_\_\_\_\_

**EXPENSES – TRANSPORTATION OF HOUSEHOLD GOODS****1. COMMON CARRIER**

Name of Carrier \_\_\_\_\_

Will/was any of the cost be paid to the carrier via a P.O.?

\_\_\_\_\_ Yes P.O. # \_\_\_\_\_ AMOUNT: = \$ \_\_\_\_\_

\_\_\_\_\_ I am requesting additional reimbursement\*

\*Additional reimbursement will not be processed until the final P.O. amount has been determined.

**2. SELF MOVE/MISCELLANEOUS**

Vehicle rental and accessories	= \$ _____.
Packing/shipping supplies	= \$ _____.
Temporary Storage of household goods (up to 30 days after move)	= \$ _____.
In-transit Insurance	= \$ _____.
_____	= \$ _____.
_____	= \$ _____.

**TOTAL TRANSPORTATION OF HOUSEHOLD GOODS (B):** \$ \_\_\_\_\_.**TOTAL AMOUNT REQUESTED (COMBINE A & B):** \$ \_\_\_\_\_.**SECTION IV****EMPLOYEE CERTIFICATION AND AGREEMENT**

I certify that the expenses listed above were incurred for the sole purpose of the relocation of personal and household items for me and my other household members. I understand that I will not be reimbursed for items that I have not provided a receipt. I acknowledge that the reimbursement amount will not exceed the maximum as outline in this application and the Relocation Financing Policy.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_**ADMINISTRATOR/MANAGER APPROVAL****I approve payment of relocation expenses for the staff/faculty member indicated above.****Signature** \_\_\_\_\_ **Date** \_\_\_\_\_