# Office of the Treasurer
# Moving Expense Allowance Request
# Form T-5

Date:

Employee Name: Title:

Mailing Address: Street:

City: St: Zip:

Social Security Nbr: Employment Date:

Cost Center/WBS Element(s) to be Charged:

| Payment Calculation | |
|---|---|
| Gross Amount: | |
| Less: Income Tax Withholding (25%) | 0.00 |
| Less: FICA Tax (4.2%) | 0.00 |
| Less: Medicare Tax (1.45%) | 0.00 |
| **Net Amount to be paid to the employee:** | 0.00 |
| **Note: Individuals in special tax situations (non-citizens, graduate students, etc) may have more or less tax deducted.** | |

**Please note:** Moving Expense Allowances are not covered under the University's accountable expense plan. Therefore, the allowance will be reported as taxable income to the employee and applicable withholding taxes will be withheld from the payment. The employee's year-end tax statement (W-2) will include the gross amount of this allowance and all applicable taxes withheld in the year the payment was made. Additionally, the responsible department will be charged the matching amount of social security and Medicare taxes.

Prepared by: Phone:

Approved: _____ Date: _____
(Department Head)

Approved: _____ Date: _____
(Chancellor/Vice President)

| FOR TREASURER'S OFFICE USE ONLY | | | | | |
|---|---|---|---|---|---|
| A/P Check Number: | A17-5800-768 | 258768 | | Date: | |
| Payroll Accounting: | | | | Date: | |

**NOTE: This charge will appear on your ledger as an additional pay expense when the payroll is posted.**