**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 to Lydia Gilbert, Benefits Administration Department – Box 1503, One Gustave L. Levy Place, New York, NY 10029.**

**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**

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE NAME: |  |  |  |
| POSITION TITLE: |  | **HIRE DATE:** |  |
| DEPARTMENT |  | **LIFE #:** |  |
| WORK PHONE #: |  | **EMAIL:** |  |
| HOME PHONE #: |  |  |  |
| CELLPHONE #: |  |  |  |

**HOUSEHOLD MEMBERS:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FIRST NAME | LAST NAME | RELATIONSHIP |
| SPOUSE NAME: |  |  |  |
| DEPENDENT #1: |  |  |  |
| DEPENDENT #2: |  |  |  |
| DEPENDENT #3: |  |  |  |
| DEPENDENT #4: |  |  |  |

**DEPARTMENT INFORMATION**

|  |  |
| --- | --- |
| DEPARTMENT: |  |
| CONTACT NAME: |  |
| TITLE: |  |
| PHONE NUMBER: |  |
| EMAIL: |  |

**SECTION II**

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

|  |  |  |
| --- | --- | --- |
|  | **FORMER RESIDENCE** | **NEW RESIDENCE** |
| **STREET:** |  |  |
| **CITY:** |  |  |
| **STATE:** |  |  |
| **ZIP:** |  |  |

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

Is the distance from the new residence to Mount Sinai 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)

1. **Rental Car/Taxi/intercity fares** = $\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_

Tolls, Intercity Fares, Shuttle & Parking Fees = $\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_

Taxi = $\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_

1. **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 = $\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_

1. **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. **COMMOM 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.

1. **SELF MOVE/MISCELLANOUS**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**