



**Form 3510 FR.01
Relocation Reimbursement Request**

Revised 1/2/2020

Instructions:

- The purpose of this form is to request reimbursement of relocation expenses incurred within one (1) year of hire date by an employee who has accepted a non-temporary position at the University.
- **Please Note:** Reimbursement of expenses incurred for the relocation of residences and personal effects is considered taxable income for the employee, will be reported as such, and is subject to tax withholding.
- Attach additional pages, as necessary.
- Submit completed form, with all supporting receipts, to Relocation & Logistics Management via email at diane.brown@yale.edu.

Employee Information					
Last Name:		First Name:		M.I.:	
Department:				Employee # or UPI #:	
Hire Date:		Payroll Type:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Pension		
Preparer Name:			Preparer Email:		

Description of Relocation
In the space below, include a description of the relocation. Please be sure to include the origination and destination locations.

Itemized Listing of Relocation Expenses		
Expense Date	Description (use this set of rows for expenses related to <u>residence and personal effects</u> only)	Amount
Balance Due to Employee:		
Expense Date	Description (use this set of rows for expenses related to <u>business offices and laboratories</u> only)	Amount
Balance Due to Employee:		

Charging Instructions for Relocation Expenses						
Cost Center	Program	Project	Gift/Grant/Yale Designated	Fund	Assignee (if applicable)	Percentage
Total Percentage:						

Employee Signature			
Employee Signature:		Date:	
		Phone #:	

Authorizations			
Lead Administrator (or delegate) Name:		Phone #:	
Lead Administrator (or delegate) Signature:		Date:	
Exceptions* Signature (if necessary):		Date:	

* Exceptions to University policy require approval by the Controller's Office, in consultation with the Provost's Office, General Counsel, or an Officer of the Corporation, as appropriate.

Relocation & Logistics Management Use Only			
Received/authorized by:			
Name:		Phone #:	
		Date:	
Payroll Use Only			
Date Received:		Date Processed:	