

**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:		
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) Note: To process these expenses, the department needs to complete an expense report (if employment has started) or a supplier invoice request (if employment has not yet started). Use SC209.					Amount
					Balance Due to Employee:	
Charging Instructions for Relocation Expenses						
Cost Center	Program	Project	Gift/Grant/Yale Designated	Fund	Assignee (if applicable)	Amount Allocated
					Total Amount:	
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:		