

UNIVERSITY OF CALIFORNIA, IRVINE



BERKELEY DAVIS IRVINE LOS ANGELES MERCED RIVERSIDE SAN DIEGO SAN FRANCISCO

SANTA BARBARA SANTA CRUZ

I, _____, employee ID number, _____, acknowledge that the payment that I will be receiving for moving expenses will be subject to the applicable federal, state and local income tax and FICA withholding deductions. This amount will be reflected on the Form W-2 in the year the payment is received.

I further acknowledge that the moving expenses claim and information submitted herewith have been examined by me and are true, correct and complete. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of this claim and that any receipts submitted herewith accurately reflect costs actually incurred.

Should there be a direct payment to a vendor by UCI, I understand that I will be responsible for the applicable withholdings associated with this direct payment. I agree to repay The Regents of the University of California for the applicable withholding in the same calendar year that I benefited from this payment.

If for any reason that there was an overpayment or if the moving reimbursement payment violated University of California Policy <http://www.policies.uci.edu/delegations/ida588.php> I authorize UCI to deduct the amount owed from my next paycheck.

Executed on: _____ City/State: _____

Signature of Employee: _____

Please estimate the amount of your move related to the following :

Household	-	_____	%
Library / Lab	-	_____	%
Total		100	%

***Once completed, please attach this form to the KFS Requisition Document.
For questions, please email Frank Say at fsay@uci.edu.***