



**UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER**  
**Employee Moving Expense Form**

**EMPLOYEE INFORMATION**

Employee Name:	<input style="width:95%;" type="text"/>		
Employee ID:	<input style="width:95%;" type="text"/>		
United States Citizen or Permanent Resident (Green Card Holder):	<input type="radio"/> Yes	<input type="radio"/> No	
Department Contact:	<input style="width:95%;" type="text"/>		
Contact Email Address:	<input style="width:95%;" type="text"/>		
Moving Date Start:	<input style="width:95%;" type="text"/>		
Moving Date End:	<input style="width:95%;" type="text"/>		
Location Moving From:	<input style="width:95%;" type="text"/>		
Location Moving To:	<input style="width:95%;" type="text"/>		
Reimbursement Year:	<input style="width:95%;" type="text"/>		

**MOVING PAYMENTS**

Type of Expense	Vendor	Amount
<b>Total</b>		

**CERTIFICATION**

I understand that all moving expense payments paid either directly to me and/or a third party are considered W-2 income. The total amount of such payments will be included as compensation in the calendar year paid. Appropriate tax withholding will be reflected on a future payroll check based on current Federal and State Supplemental Tax Rates.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_