

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
CERTIFICATION FOR REIMBURSEMENT OF MOVING/RELOCATION EXPENSES

Pursuant to the authority granted the campus President by the California State University Internal Regulations Governing Moving and Relocation Expenses, I, as the Dean/Dept Chair, Vice President, President/President's Designee, hereby authorize payment

to _____ for expenses pertaining to moving and relocation.

Indicate if faculty or staff: Faculty Staff Department: _____

The total for moving/relocation expense is not to exceed \$ _____ for the individual listed above.

Date Approved: _____

CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount

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SIGNED: _____
 Dean/Dept Chair/Account Responsible Person California State Polytechnic University, Pomona Date

SIGNED: _____
 Vice President/Vice President's Designee California State Polytechnic University, Pomona (up to \$10,000) Date

SIGNED: _____
 President/President's Designee California State Polytechnic University, Pomona (exceeds \$10,000) Date

CERTIFICATION OF EMPLOYEE

Expenses associated with the relocation (i.e. moving of household goods, land transportation, air transportation, lodging, and meals while en route to new location) may be reimbursed up to the approved amount on this form and in accordance with the procedures outlined in the University Accounting Services' website: <http://www.cpp.edu/~fas/university-accounting-services/accounts-payable/index.shtml>

Moving and relocation expenses may be eligible for payment or reimbursement by California State Polytechnic University, Pomona. As of January 1, 2018, all moving expenses paid or reimbursed by the CSU are taxable as wages to the recipient. The exclusion from gross income in Internal Revenue Code 217, as well as the fringe benefit rule in 132 (g), are suspended from 2018-2025. Required employment taxes will be withheld from the employee's paycheck for such reimbursements.

It is understood and agreed that if I do not continue my employment for a period of at least two years (unless discontinuance of employment is the result of death, disability, or similar unexpected cause beyond my control as determined by the University) I will repay the following percentage of any amount received as reimbursement for moving/relocation expenses, in accordance with Section 207 of Board of Trustees Internal Regulations Governing Moving and Relocation expenses:

- 100 percent if employed less than six (6) months
- 75 percent if employed six (6) months but less than twelve (12) months
- 50 percent if employed twelve (12) months but less than eighteen (18) months
- 25 percent if employed eighteen (18) months but less than two (2) years

SIGNED: _____ Date: _____

This form was prepared by _____ Ext: _____ Date: _____