

**RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK  
UNIVERSITY AT BUFFALO  
RELOCATION EXPENSE AUTHORIZATION AND PAYMENT  
F469**

Acct. # (Project-Task-Award):	<b>Expenditure Type:</b>	Department:	Date:
<b>PAYEE (MUST BE RF EMPLOYEE):</b>			
Name:		UB Person #:	
Relocation To (Street Address):		City and State:	Zip Code:
Official Title:		Department:	
Effective Date of Appointment:		Relocation From (Street Address):	

**Check will be mailed to home address unless indicated otherwise in comment section.**

Qualified Expenses (Personal/Household Items)	AMOUNT	Documentation Required (Must be Attached to this Form)
Packing:	\$	Authorized Certificate of Packing
Moving:	\$	Cancelled check or original receipt from mover AND itemized invoice
Shipping:	\$	Receipted bill of lading
Storage:	\$	Cancelled check or original receipt AND itemized invoice
Mileage:	\$	Shortest highway route (IRS standards) at current RF reimbursement rate
Lodging:	\$	Original receipt(s)
Meals (Taxable):	\$	Original receipt(s)
<b>TOTAL AMOUNT</b>	<b>\$ _____</b>	<b>(MAXIMUM REIMBURSEMENT \$3,000)</b>

<b>COMMENTS/EXPLANATIONS:</b>

<p><b>PAYEE CERTIFICATION:</b> This is to certify that the expenses listed above were incurred in the relocation of personal/household items to the University at Buffalo. I understand that I am liable for any taxation resulting from reimbursement of non-qualified expenses. I understand that if I leave from this position for reasons within my control within 12 months of the appointment start date, moving expense reimbursement must be repaid to the Research Foundation.</p> <p>_____ (Payee Signature) <span style="float: right;">_____ (Date)</span></p>	<p><b>PRINCIPAL INVESTIGATOR CERTIFICATION:</b> This is to certify that the reimbursement of moving expenses was necessary to attract the candidate(s). I have reviewed that terms and conditions of this award and have determined that sponsor guidelines allow the reimbursement of relocation expenses in this instance.</p> <p>_____ (Principal Investigator) <span style="float: right;">_____ (Date)</span></p>
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Department Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

<b>RF ADMINISTRATIVE APPROVAL</b>			
Fiscal Designee's Signature:	Date:	Terminal Input:	Block:

Forward original to Non-Sponsored Group, 418 Crofts Hall, North Campus