

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

Acct. # (Project-Task-Award):	Expenditure Type:	Department:	Date:
PAYEE (MUST BE RF EMPLOYEE):			
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:	\$	Received 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)
TOTAL AMOUNT	\$	(MAXIMUM REIMBURSEMENT \$3,000)

COMMENTS/EXPLANATIONS:

PAYEE CERTIFICATION: 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.	PRINCIPAL INVESTIGATOR CERTIFICATION: 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.
(Payee Signature)	(Date)
(Principal Investigator)	(Date)

Department Contact Name: _____
Phone: _____

RF ADMINISTRATIVE APPROVAL			
Fiscal Designee's Signature:	Date:	Terminal Input:	Block: