



UNIVERSITY OF OKLAHOMA  
Employee Moving Expense Form

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

United States Citizen or Permanent Resident (Green Card Holder):

**Yes**

**No**

Department Contact:

Contact Email Address:

Moving Date Start:

Moving Date End:

Location Moving From:

Location Moving To:

Calendar Reimbursement Year:

MOVING PAYMENTS

| Type of Expense | Vendor | Amount |
|-----------------|--------|--------|
|                 |        |        |
|                 |        |        |
|                 |        |        |
|                 |        |        |
|                 |        |        |
| Total           |        |        |

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 the employee's W4 election.

Employee Signature  
(Electronic is accepted):

Date: