RELOCATION EXPENSE REPORT								complete rder for orrection itialed.						NSES					
Employee ID (8-digit number) Employee Name								Home Address (include City and State)  Approved Travel Status Date								el Status Date	es: Start/End		
Check if thi	s is 2nd m	nove in 39 weeks	ks Date Beginning at New New Work Stati Location			tion (include City & S			Agency New .			Job Title			Employment Record #		argaining Unit		
Date	Earn Cod	Code Description			als v		Expense or Amount			nbursable Mileage		Total # of Miles	Mile	age Rate	Mileage \$ Amount		Total		
						В		D	Amount		Departure Fro	om Arriv	ing At	ivilles					
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													Le	ss: Outs	tand	ing Adv	vance Pay	oack:	
												<b>Total Gross</b>	Relocati	on Amou	ınt to	be Pai	id to Empl	oyee:	
All thre	e siar	natures ar	e requir	ed before pa	vment car	be r	oroc	esse	ed.										
EMPLOY	EE SIGN	NATURE: I de	clare under	penalty of perjury tl	hat this claim is	just an	d corr	ect and	that no part of	f it has been pa	id except wi	th respect to those	advance am	nounts show	n. I Al	UTHORIZ	E PAYROLL [	EDUCTION	N OF ANY
SUCH A	OVANCE	S. I declare t	nat the amou	unt of previous and	current outstan	ding ac	lvanc	es does	not exceed e	stimated relocat	ion costs fo	r the next 30 days.							
Signature										Date			Work Ph						
SUPERV	ISOR SI	GNATURE: 1	approve pay	ment based on kno	owledge of nece	ssity fo	r trav	el and e	expense and o	n the basis of c	ompliance w	vith all provisions of	applicable t	ravel and re	locatio	n regulati	ons.		
Signature										Date			Work Ph						
AGENCY	CONTA	ACT: I have re	viewed this o	document and attac	chments and ma	ade app	licabl	le corre	ctions. I agree	that all expens	es are withi	n the established lir	nits and bar	gaining agre	eemen	ts or com	pensation plan	S.	
Signature: Date Work Phone																			
Labor	Distr	ibution: F	unding	source(s) fo	r advance	or ex	креі	nse(s	5)										
Dist %	FY	Accounting Date	Fund	Fin DeptID	AppropID	SW Cos		ub Act	Agency Cost 1	Agency Cost 2	PC BusUni	it Projec	t	A	ctivity		Source Type	Category	/ Sub- Category
Form Car	la Curr	manı. Cı		nhuraamant bu	aann aada b														
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Amount							-										otal must ed		otal Gross
Amount FL 00500 44 (00/40		20 (4.0)	Distribution: Original Minness							ot Ctatawid	2	Conv 1			Relocation Amount above.				

FI-00568-14 (02/18) Distribution: Original – Minnesota Management & Budget, Statewide Payroll Services Copy 1 - Agency File Copy 2 – Employee

## RELOCATION EXPENSE REPORT INSTRUCTIONS

This form is used to request reimbursement of expenses incurred in a job relocation required by the appointing authority. Only expenses approved in advance, and in writing, by the appointing authority and incurred pursuant to the relocation clause of the applicable bargaining agreements, compensation plans, or, for new employees, Personnel Rule 3900.2200 shall be claimed as *relocation*. Language in the employee's bargaining agreement/compensation plan supersedes the expense language on this form.

## Completion of Form:

Complete all parts of this form that are applicable to the expense(s) you are submitting in ink. If claiming reimbursement, enter actual amounts paid, within the limits established in your bargaining agreement/compensation plan and approved on the Relocation Authorization form. Do not enter more than the established limit for any item. Submit the form for all required signatures. Contact your relocation expense contact person for

1) guestions, and 2) copies of your bargaining agreement/compensation plan and Minnesota Management & Budget relocation policy and procedures.

All of the data you provide on this form is public information except your home address. You are not legally required to provide this data, but the State of Minnesota may not be able to process payments without it. This data may be supplied to authorized auditors. It will be supplied to Federal and State tax authorities and the Social Security Administration.

Requesting an advance? Check the Advance Request box. Because of the applicable taxes that will be withheld on the expenses when the advance is settled, the amount advanced will be 64.1% of the amount requested (see tax information below). The request must be for an estimate of expenses for no more than thirty days.

Final expense for this trip? Check the Final Report box if there will be no further relocation expenses. By doing this, any outstanding advance balance associated with this relocation will be deducted from the next paycheck that is issued.

Earn Code: Select the appropriate earn code for each expense for which you are requesting reimbursement. All relocation expenses are subject to taxes at these rates: Federal ~22% + MN State ~6.25% + FICA/Medicare (where applicable) ~7.65%. (These rates were effective January 2018, but are subject to change – see your relocation expense contact person.) The IRS outlines a distance test and a time test. To satisfy the distance test, the new job location must be at least 50 miles farther from the employee's former home than the old job location. To satisfy the time test, the relocating employee must work full time at least 39 weeks in the new job location. If relocating employees do not meet both of these tests, all relocation expenses are taxed at the appropriate rates.

Receipts: Attach itemized receipts to this report for all expenses except meals, mileage, taxi, baggage handling, and parking meters. However, the agency may require meal receipts.

<u>Timing</u>: This original form with <u>itemized receipts</u> attached must be received by Minnesota Management & Budget, Statewide Payroll Services, **by Monday noon** on payroll processing week to be processed with that pay period's payroll.

## **EARN CODES -**

See bargaining agreement/compensation plan for limitations. Each earn code must be on a separate line. For example, mileage and lodging cannot be on the same line.

Travel Expenses			Miscellaneous Expenses				
RTH	Meals & lodging in the new job location while in travel status.	RTB	Mileage on day(s) of move from old to new residence. Limited to one trip for you and each				
RTJ	Mileage traveling between original work station and new work station on a daily basis.		member of your family.				
	Or, when lodged near new work station, mileage to and from original work station.	RTC	Meals on day(s) of move from old to new residence. Limited to one trip for you and each				
RTK	Meals while in temporary lodging or traveling between original location and new work		member of your family.				
	location.	RTT	Travel expenses incurred on day(s) of move including lodging; airfare; toll fees & parking; cost				
RTM	Personal phone calls, parking, and laundry.		of gasoline, oil, etc., if you do not claim mileage. Limited to one trip for you and each member				
RTO	Other travel expenses while in travel status including commercial transportation, car		of your family.				
	rental, toll fees, taxi fare, etc.	RTA	Mileage while transporting household and personal property to new residence.				
RTE	Meals & lodging for pre-move expenses in search of a new residence. Includes	RTR	Other items while transporting household and personal property to new residence including				
	expenses for employee and spouse.		packing, crating, in-transit storing, insuring household & personal property, connecting and				
RTD	Mileage for pre-move expenses in search of a new residence. Includes expenses for		disconnecting of utilities.				
	employee and spouse.	RTN	Other expenses incurred with residence sale, purchase or lease. Includes attorney fees, title				
Moving I	<u>Expenses</u>		fees, and other similar expenses according to your contract limitations.				
RTF	Moving van for transporting household & personal property to new residence.	RTL RTQ	Any other miscellaneous expenses not indicated in any of the above earn codes.				
Realtor Expenses			If the IRS distance and time tests are not met, use for all miscellaneous expenses.				
RTI	Realtor Fee	RIT	Federal and state tax reimbursement, if authorized by the agency.				

ADV Advance Payment (see above)