



## New Employee Taxable Moving Expense Reimbursement

**- This form must be completed by either the Dean's Office or the Vice President's Office -**

Submissions must include original receipts in the employee's name and a copy of the employee's offer letter, including the approved amount for reimbursement. All reimbursement requests submitted with this form are considered taxable income and will be added to the employees payroll check.

Please submit this completed form to Payroll Services located at: 150 Clove Road - 3<sup>rd</sup> floor - Little Falls, NJ 07424  
-OR- via email to [payroll@montclair.edu](mailto:payroll@montclair.edu), ATTN.: Director of Payroll

### Section 1: New Employee Information

Employee's (Printed) Name:	
Employee CWID:	
Employee Title:	
Amount of Reimbursement:	

### Section 2: Payroll / Budget Information

FUND:	DEPARTMENT:	P/S ACCOUNT:	AMOUNT AND PROJECT:
		59216 – Moving Expense Reimbursement	
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### Section 3: Requestor, Dean or VP Office Representative

Requestor (Printed) Name:	
Requestor Location or Room #:	
Requestor Email:	
Requestor Phone #:	

### Section 4: Approver (Dean or Vice President)

Approver's (Printed) Name:	
Approver Signature:	

### Section 4: Payroll Services

FOR PAYROLL USE ONLY			
Approved by _____	Date _____	Process in Pay Period _____	
Processed by _____	Date _____	Amount Reimbursed \$ _____	