

**Memorandum**

To: Department Chairs & Department Assistants

From: Luz Ramirez  
School of Arts & Sciences

Date: April 1, 2017

Re: **REVISED--Moving Reimbursement Guidelines for new faculty**

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**\*\*\*IMPORTANT: Moving expenses are only covered for transportation from your old home address to your new home address and should be no less than 35 miles. You can only use one moving company for your entire move. You can also be reimbursed for the travel expenses for you and your family (e.g.: airfare tickets).**

In order to submit moving reimbursement receipts for a new faculty they must submit the following:

1. Three original estimates or quotes from different moving companies. Please try to submit the original quotes.
2. Please make sure that you also include an itemized list of goods that will be delivered (the moving company usually provides this along with your quote).
3. Receipt required for reimbursement: Original bill of lading showing breakdown of costs involved in the move.
4. Proof of payment (either a copy of the credit card statement or a copy of their bank statement showing the payment).
5. Copy of the new faculty's appointment letter with all the necessary signatures.
6. On a piece of paper, we need the new faculty's previous home address, previous work address and social security number.
7. The "Standard Voucher for CUNY" form filled out and signed by new faculty.
8. The "Request/Agreement for Moving Expense Reimbursement" form (signed by new faculty and the Dept. Chair).
9. **\*\*Department Chair must submit a justification letter stating that "they could not find a candidate within the New York State" if hiring someone outside of the New York State area.**

**\*\*\*If you'd like, please give a copy of this Memo to the new faculty so that they plan accordingly.**

**Continued on the next page.....**

# State of New York Moving Expense Reimbursement

## Eligibility:

Appointees are eligible for reimbursement of transportation cost and moving expenses upon being appointed to a full time technical, scientific, educational, professional or administrative position in a department or agency of the State of New York for a period of one year or more. The head of the agency must approve non-competitive positions; within CUNY the President of the college or designee must approve the reimbursement.

## Allowable Expenses:

Appointees eligible for reimbursement shall be reimbursed for actual and necessary expenses up to \$3,000. The reimbursement is not subject to withholding or reportable as income but is included on the employee's W-2 as non-taxable reimbursement.

- The basic cost of moving household goods and personal effects from the appointee's residence at the time of the appointment to the their new residence near the new place of employment by a carrier authorized by the New York State Department of Transportation or the Interstate Commerce Commission more than 35 miles. This covers the cost of packing, loading, transporting, unloading and unpacking of household goods and personal effects up to 12,000 pounds.
- The cost of additional insurance above the lowest valuation rate charged.
- The cost of storage of goods in-transit and for required warehouse handling if required.
- The cost of truck or trailer rental if the appointees perform the move their self.
- The cost of the transportation of the appointee and their family to the new location, by common carrier or for mileage if they use their own vehicle. Reimbursement may be made for only one vehicle regardless of the number owned. The cost of shipping their vehicles is not covered.

## Period of Time:

The claim must be made within one year from the effective of the effective date of the appointment. The claim cannot be made prior to being on payroll.



State  
of  
New York

# REQUEST/AGREEMENT FOR MOVING EXPENSE REIMBURSEMENT

Pursuant to Section 202 and 204 of the State Finance Law, reimbursement is requested for moving and travel expenses of the following:  
(Please check applicable box.)  Employee  Appointee

Last Name	First Name	MI	Suffix	Employee ID (Social Security #)
Address of New Residence	City	State	Zip	
Address of Old Residence	City	State	Zip	
Previous Agency				
Address of Previous Work Location	City	State	Zip	
New Agency				
Address of New Work Location	City	State	Zip	
Title	Negotiating Unit	Date of Appointment	Date probation ended (if applicable)	Grade

### Distances in miles (shortest measurement along public highways):

- a. From old place of work to new place of work
- b. From old residence to new place of work

Note: If the distance in (a) or (b) is less than 35 miles, the employee is not entitled to reimbursement.

- c. From old residence to new place of work
- d. From old residence to old place of work
- e. The difference ("c" minus "d")

Note: If the difference calculated in "e" is less than 50 miles, the reimbursement is taxable and subject to withholding.

If Employee, have you previously been reimbursed by the State for moving expenses?  Yes  No If yes, date of previous move:

If Appointee, have you previously been appointed to a full time position in a department or agency of the State?  Yes  No

Reason For Move (Check one of the following):

- The move is due to a transfer or reassignment which is for the convenience of the State.
- The transfer or reassignment results from the relocation of the agency or subdivision of the agency.
- The reimbursement of moving and travel expense is necessary as a result of promotion to a full time qualified position.
- The reimbursement of moving and travel expense is the result of initial appointment to a full time technical, scientific, education, professional or administrative position in a department or agency of the State for a period of one year or more.
- Other (Please indication reason in the space provided):

### Employee/Appointee Agreement

In consideration for the moneys received and/or to be received by me from the State of New York for reimbursement of travel and moving expenses actually incurred by me as a result of transfer, reassignment, promotion or appointment in the service of the State, pursuant to Section 202 and 204 of the State Finance Law and the Regulations Governing the Reimbursement of Moving and Travel Expense promulgated by the Director of the Budget, I hereby certify and agree that in the event of my resignation or voluntary separation from the service of the State in the position to which I was transferred, reassigned, promoted or appointed within one year after such transfer, reassignment, promotion or appointment, the State of New York shall be entitled to the return of the principal sum advanced to me under the aforementioned sections of the State Finance Law and Regulations thereto appertaining, which amount will become due immediately upon said resignation or voluntary separation; and I further agree that the State may deduct said amount from any moneys due or accruing to me from the State at the time of said resignation or voluntary separation. If there are not sufficient moneys due or accruing to me from the State at that time, and if repayment has not been made, the State of New York may enter judgment against me for the said sum advanced to me by virtue of Section 202 and 204 of the State Finance Law and the Regulations thereto appertaining, without further notice to me.

Employee/Appointee Signature

Date

### Certification of Appointing Officer

I do hereby certify that I am the appointing officer; that the facts presented above are correct to the best of my knowledge and that all requirements of the law and regulations now in effect have been met.

Appointing Officer Signature

Title

Date

State  
of  
New York

# REQUEST/AGREEMENT FOR MOVING EXPENSE REIMBURSEMENT

Pursuant to Section 202 and 204 of the State Finance Law, reimbursement is requested for moving and travel expenses of the following:  
(Please check applicable box.)  Employee **1**  Appointee

Last Name <b>2</b>	First Name <b>3</b>	MI <b>4</b>	Suffix <b>5</b>	Employee ID <b>6</b>
Address of New Residence <b>7</b>		City <b>8</b>		State <b>9</b> Zip <b>10</b>
Address of Old Residence <b>11</b>		City <b>12</b>		State <b>13</b> Zip <b>14</b>
Previous Agency <b>15</b>				
Address of Previous Work Location <b>16</b>		City <b>17</b>		State <b>18</b> Zip <b>19</b>
New Agency <b>20</b>				
Address of New Work Location <b>21</b>		City <b>22</b>		State <b>23</b> Zip <b>24</b>
Title <b>25</b>	Negotiating Unit <b>26</b>	Date of Appointment <b>27</b>	Date probation ended (if <b>28</b> )	Grade <b>29</b>

**Distances in miles (shortest measurement along public highways):**

a. From old place of work to new place of work	<b>30</b>
b. From old residence to new place of work	<b>31</b>
Note: If the distance in (a) or (b) is less than 35 miles, the employee is not entitled to reimbursement.	
c. From old residence to new place of work	<b>32</b>
d. From old residence to old place of work	<b>33</b>
e. The difference ("c" minus "d")	<b>34</b>

Note: If the difference calculated in "e" is less than 50 miles, the reimbursement is taxable and subject to withholding.

If Employee, have you previously been reimbursed by the State for moving expenses?  Yes  No **35** If yes, date of previous move: **36**

If Appointee, have you previously been appointed to a full time position in a department or agency of the State?  Yes  No **37**

Reason For Move (Check one of the following): **38**

The move is due to a transfer or reassignment which is for the convenience of the State.	
The transfer or reassignment results from the relocation of the agency or subdivision of the agency.	
The reimbursement of moving and travel expense is necessary as a result of promotion to a full time qualified position.	
The reimbursement of moving and travel expense is the result of initial appointment to a full time technical, scientific, education, professional or administrative position in a department or agency of the State for a period of one year or more.	
Other (Please indication reason in the space provided):	

**Employee/Appointee  
Agreement**

In consideration for the moneys received and/or to be received by me from the State of New York for reimbursement of travel and moving expenses actually incurred by me as a result of transfer, reassignment, promotion or appointment in the service of the State, pursuant to Section 202 and 204 of the State Finance Law and the Regulations Governing the Reimbursement of Moving and Travel Expense promulgated by the Director of the Budget, I hereby certify and agree that in the event of my resignation or voluntary separation from the service of the State in the position to which I was transferred, reassigned, promoted or appointed within one year after such transfer, reassignment, promotion or appointment, the State of New York shall be entitled to the return of the principal sum advanced to me under the aforementioned sections of the State Finance Law and Regulations thereto appertaining, which amount will become due immediately upon said resignation or voluntary separation; and I further agree that the State may deduct said amount from any moneys due or accruing to me from the State at the time of said resignation or voluntary separation. If there are not sufficient moneys due or accruing to me from the State at that time, and if repayment has not been made, the State of New York may enter judgment against me for the said sum advanced to me by virtue of Section 202 and 204 of the State Finance Law and the Regulations thereto appertaining, without further notice to me.

**39**

\_\_\_\_\_  
Employee/Appointee Signature

\_\_\_\_\_  
Date

**Certification of Appointing Officer**

I do hereby certify that I am the appointing officer; that the facts presented above are correct to the best of my knowledge and that all requirements of the law and regulations now in effect have been met.

**40**

\_\_\_\_\_  
Appointing Officer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



Reference	Name	Description
1	Employee/Appointee	
2	Last Name	Employee/Appointee's last name
3	First Name	Employee/Appointee's first name
4	MI	Employee/Appointee's middle initial
5	Suffix	Suffix to Employee/Appointee's name
6	Employee ID	Employee ID as issued by OSC (must be 10 numeric characters)
7	Address of New Residence	Employee/Appointee's new home street address
8	City	City for Employee/Appointee's new home address
9	State	State for Employee/Appointee's new home address
10	Zip	Zip code for Employee/Appointee's new home address
11	Address of Old Residence	Employee/Appointee's old home street address
12	City	City for Employee/Appointee's old home address
13	State	State for Employee/Appointee's old home address
14	Zip	Zip code for Employee/Appointee's old home address
15	Previous Agency	Name of previous agency worked for
16	Address of Previous Work Location	Street address of previous agency worked for
17	City	City of previous agency worked for
18	State	State of previous agency worked for
19	Zip	Zip code of previous agency worked for
20	New Agency	Name of new agency working for
21	Address of New Work Location	Street address of new agency working for
22	City	City of new agency working for
23	State	State of new agency working for
24	Zip	Zip code of new agency working for
25	Title	Title at new agency
26	Negotiating Unit	Negotiating Unit in new job title
27	Date of Appointment	Date appointed to new job title
28	Date Probation Ended (If applicable)	Date probation ended for new job title
29	Grade	Grade of new job title
30	Distance from old place of work to new place of work	Distance in miles from old place of work to new place of work
31	Distance from old residence to new place of work	Distance in miles from old residence to new place of work
32	Distance from old residence to new place of work	Distance in miles from old residence to new place of work
33	Distance from old residence to old place of work	Distance in miles from old residence to old place of work
34	The difference ("c" minus "d")	Box 32 minus box 33
35	Previously reimbursed?	Check appropriate box answering if employee has been previously reimbursed for moving expenses by the State
36	Date of previous reimbursement	If employee has been previously reimbursed, the date of the previous reimbursement
37	Previously appointed?	Check appropriate box answering if appointee has been previously appointed to a full time position within a department or agency of the State
38	Reason for move	Check the reason for moving
39	Employee/Appointee Agreement	Signature of Employee/Appointee and date signed
40	Certification of Appointing Officer	Signature and title of appointing officer and date signed

STATE OF NEW YORK

STANDARD VOUCHER FOR CUNY

Voucher No.

1 Originating Agency <b>Hunter College</b>		Orig. Agency Code <b>70030</b>	Interest Eligible (Y/N)	2 P-Contract	
Payment Date (MM) (DD) (YY)		Check Date (MM) (DD) (YY)		Liability Date (MM) (DD) (YY)	
3 Payee ID (Social Security #) Additional		Zip Code	Route	Payee Amount	
4 Payee Name (Limit to 30 spaces)				1099 Code	Merch/Inv. Rec'd Date (MM/DD/YY)
Payee Name (Limit to 30 spaces)				Statistic Type	Statistic
Address (Limit to 30 spaces)				6 Ref/Inv. No. (Limit to 20 spaces)	
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code		

7 Purchase Order No. and Date	Description of Material/Service—If items are too numerous to be incorporated into the block below, use form AC 93 and carry total forward	Quantity	Unit	Price	Amount

8 Payee Certification I certify that the above bill is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.				Total	
				Discount	
				%	
				Net	
Payee's Signature in Ink		Title			
Date		Name and Company			

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
Merchandise Received		I certify that this voucher is correct and just, and payment is approved.				Certified For Payment of Net Amount	
Date		Authorized Signature				Verified	
Page No.		Date				Audited	
By		Title				Special Approval (as required)	By

Expenditure						Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.	Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.					
70							70030			
Liability Date (MM) (DD) (YY)		From Date (MM) (DD)		TR	Subledger		Optional			

  

Expenditure						Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.	Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.					
Liability Date (MM) (DD) (YY)		From Date (MM) (DD)		TR	Subledger		Optional			