

## INSTRUCTIONS FOR COMPLETING THE MOVING ALLOWANCE PAYMENT FORM

Complete all sections of the form. **Forms not filled out completely will be returned to the Department.**

**Prepared By:** Please include all the information in this box. If there are any questions or missing information on the Moving Allowance form, this is who will be contacted. Omitting this information will cause delays in processing the form.

**Payment:** *Gross Up* By marking the box next to gross up, you are increasing the gross amount of the payment and ensuring the employee receives the guaranteed net amount.

**A.** *Employee Name:* Enter the employee's name.

**B.** *Pay Group:* Enter the employee's Pay Group.

**C.** *Department Name:* Enter the name of the department initiating the form for payment.

**D.** *Org Id:* Enter the department/organization ID number for the department initiating the payment.

*Employee ID #:* Enter the employee's ID number. (This number must be identical to the number on the ePAF.)

**E.** *Amount:* Enter the gross amount to be paid. If GROSS UP is selected, department will be charged employees portion of Federal, State, and FICA taxes which may be a significant amount based on employee tax withholding rate.

**F.** *Pay Period Dates:* Enter the starting and ending dates of the pay period for which payment is to be made.

**G.** *Chartfield:* Enter the Chartfield to be charged for these earnings.

**BU** - Business Unit

**Org ID** - Organization/Department ID

**Activity/Project** - Activity or Project Number

**Account** - Account Number (Account is 52700. SOM accounts 52701 - 52703)

**A/U** - Allowable (1), Unallowable (0)

No other accounts should be used.

**Approval:**

The approval signature of the Dean/Director over department paying MOA, is required.

Form must be received with payment, prior to the last business day of the pay period

# University of Utah Payroll Department Moving Allowance Payment Form

Prepared By: _____	Email: _____
Phone: _____	Date: _____

Moving allowance payments are restricted to employees of the University **as part of a formalized program or agreement, approved and on file in department.**

**All moving allowance payments will be off cycle checks and do require the off cycle fee of \$12.00 by journal entry**

**GROSS UP**

By marking the "gross up" box, department is assuming liability of employee taxes including Federal, State, and FICA tax.

Employee Name: \_\_\_\_\_ Pay Group: \_\_\_\_\_

Department Name: \_\_\_\_\_ Org Id: \_\_\_\_\_

Employee ID #	Record #	Earnings Code	Amount
		MOA	

Pay Period Dates		Chartfield				
Start	End	Bu	Org ID	Activity/Project	Account	Allow
						1

Explanation of moving allowance

*I certify that the requested payment for the above listed individual is in accordance with the University policy or agreement and any limitations set forth therein.*

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name of above Signature