

# MOVING EXPENSE REPORT

(Full-Time Employees Only)

Northern California Conference  
P.O. Box 619015  
Roseville, CA 95661-9015  
Phone (916) 886-5607

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

One-way miles from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ mi. x \$.625 = \$ \_\_\_\_\_

One-way miles from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ mi. x \$.625 = \$ \_\_\_\_\_

Tolls, parking, fares, other \_\_\_\_\_ (receipts required) \$ \_\_\_\_\_

Per diem \_\_\_\_\_ x \_\_\_\_\_ (employee) \$ \_\_\_\_\_

Per diem \_\_\_\_\_ x \_\_\_\_\_ (spouse) \$ \_\_\_\_\_

Per diem \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ (children) \$ \_\_\_\_\_  
# of children # of days rate per day

Motel: number of nights \_\_\_\_\_ \*Motel bill (folio) required \$ \_\_\_\_\_

Other (explain) \_\_\_\_\_ (receipts required) \$ \_\_\_\_\_

Duplicate automobile registration and excise tax/sales tax:

Smog check fee (test only – repairs not included) \$ \_\_\_\_\_

Duplicate excise tax/sales tax \$ \_\_\_\_\_

Auto #1 registration \$ \_\_\_\_\_

Auto #2 registration \$ \_\_\_\_\_

Moving Flat Allowance (for amount see policy on reverse side) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**FOR OFFICE USE ONLY:**     NCC Truck     Self Move: Truck or No Truck (circle one)

Authorized by \_\_\_\_\_ Date \_\_\_\_\_ Employee # \_\_\_\_\_

Description	Taxable Amount
Moving Reimbursement	10500 \$ _____ + _____ (tax subsidy) = _____
Moving Mileage	10501 \$ _____
Moving Per Diem	10502 \$ _____
Moving Lodging	10503 \$ _____
Moving Allowance	10510 \$ _____

**MOVING POLICY**

**Effective 07/01/2022**

1. Mileage will be reimbursed at the Conference approved rate per mile. Public transportation will be reimbursed at the charged rate. Original receipts required for all tolls, parking, fares, motels, etc.
2. An overnight stop will be allowed for distances in excess of 500 miles per day by the most direct route. Report actual expenses. \*Motel folio (invoice with detail of all charges) also required.

3. Per diem:

Single:	.5 days = \$27.00	for one meal per day
	1 day = \$54.00	for two or more meals per day
Spouse:	.5 days = \$13.50	for one meal per day
	1 day = \$27.00	for two or more meals per day
Children:	.5 days = \$13.50	each for one meal per day)
	1 day = \$27.00	each for two or more meals per day

4. Moving flat allowance: (NADWP Y23)

Employee only:	16.5% of Remuneration Factor -	\$820.00
Employee with Spouse and/or dependent children:	33.0% of Remuneration Factor -	\$1640.00

5. Duplicate automobile registration and excise tax/sales tax:

Employees who are called to another state and who are required to pay duplicate excise tax/sales tax, license, and certification/inspection fees, may report such expense on one car if they register their car within 90 days of moving to the new area. If the employee has a spouse, the above expenses may also be reported on a second car.

**AMORTIZATION OF MOVING EXPENSES**

The following provisions govern the amortization of moving expenses in negotiations regarding teacher moves:

- a. Any organization in the North American Division calling an employee who has rendered less than 2 years of service to an employing organization shall make 100% reimbursement for the employee’s last move to that location.  
 Service of fewer than 2 full years... 100% reimbursement due the employing organization  
 Service of 2 to 3 years ..... 50% reimbursement due the employing organization  
 Service of 3 to 4 years ..... 25% reimbursement due the employing organization
- b. Any unamortized moving expenses, as calculated in, the above “a”, shall be reimbursed to the last denominational employing organization by an employee who leaves denominational employment prior to a minimum service term of 4 years at the last place of employment, providing the employee initiates the termination. If the employing organization initiates the termination, it shall assume the unamortized portion of moving expenses.

I request moving assistance and fully understand that all costs incurred will be amortized over four years.	
_____ Signature of employee	_____ Date