Use this form to request payments to a 3rd party or reimburse employees for Gifts & Moving. Complete this form and send it to the SEAS Accounting Office NWB –B163

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| --- | --- | --- |
| Employee Name: | HU ID#: | Empl Rec # \_\_\_\_\_\_ |
| Employee’s Department:  | Job Code/Title |
| Earnings Code: Check one. Use the Earning Codes document at this web site to see Object Code that defaults from the Earnings Code: http://atwork.harvard.edu/hradmin/index.jsp |
|  GNT Gift Less than $75 NonTaxable GTX Gift More than $75 Taxable GCC Gift Certificate (cash) |  MV /MV3 Moving Non Qualified (ee, 3rd party) MOV / MVI Moving Qualified (ee, 3rd party) |  SAP Special Agreement Pensionable SAN Special Agreement Non Pensionable |
| Pay Date if not next paycheck \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Comments: |

**If this payment is to be charged to more than one costing line the total Earnings Amount must be**

**Pro-rated in dollars for each line of costing. Use additional forms as needed for more costing**

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| --- | --- |
| Earnings Amount (Gross Dollars)  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ Seq # 1 |
| Tub | Fin Org | Object Cd | Fund | Activity | Sub Act. | Root |
|  |  | Defaults from Earnings Code  |  |  |  |  |
| Earnings Amount (Gross Dollars)  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ Seq # 2 |
| Tub | Fin Org | Object Cd | Fund | Activity | Sub Act. | Root |
|  |  | Defaults from Earnings Code  |  |  |  |  |
| Earnings Amount (Gross Dollars)  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ Seq # 3 |
| Tub | Fin Org | Object Cd | Fund | Activity | Sub Act. | Root |
|  |  | Defaults from Earnings Code  |  |  |  |  |
| TOTAL Payment Amount if split coded$\_\_\_\_\_\_\_\_\_\_\_\_ | Pay Line Data: **Gross Up** |

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|  Pay to: External 3rd PartyName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_TIN # (SS#, EIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Pay to: Harvard EmployeeHU ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_ |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Signature Phone Date Accounting Office Signature Date  |
| **Tax Operations Review & Authorization (required for moving or relocation expenses)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Authorized Signature Phone # Date |