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**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Party  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_  TIN # (SS#, EIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Pay to: Harvard Employee  HU 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 |