

**UNIVERSITY OF KANSAS MEDICAL CENTER**  
**MOVING EXPENSE FRINGE BENEFIT INCOME**  
**PAYROLL OFFICE**

Phone #913-588-5100, Fax 913-588-5228

**EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ KU ID#: \_\_\_\_\_

**TAXABLE FRINGE INCOME AMOUNT TO BE ADDED TO W-2: \$** \_\_\_\_\_

*Payments issued as a check from the Payroll system will be taxed at the employees current W-4 tax rate and reported on the current calendar year W-2 as taxable earnings.*

**KUEA FUNDING SOURCE FOR REIMBURSABLE EXPENSES: REQUIRED FIELD**

\_\_\_\_\_  
Speedtype

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ (Please print name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Number: \_\_\_\_\_

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***Payroll Office Use Only:***

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

KUEA Approval: \_\_\_\_\_ Date: \_\_\_\_\_ 9/14/04