

UNIVERSITY OF HAWAII  
 FORM INSTRUCTIONS  
 RELOCATION ALLOWANCE REQUEST (FMIS-17)

<b>PURPOSE:</b>	To process relocation allowance reimbursements for University Board of Regents (BOR) appointees.
<b>DATA ITEM</b>	<b>COMPLETION INSTRUCTIONS</b>
	<b>All fields must be completed unless noted as optional. Shaded items represent information to be completed by Disbursing. Refer to APM A8.863 for detailed policies and procedures.</b>
CAMPUS	Enter campus code. Refer to Table A12.099.
DATE	Enter date form prepared.
DOCUMENT NUMBER	Enter 6-digit document number after "N". First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment.
APPOINTEE'S NAME	Enter appointee's last name, first name and middle initial consistent with HRIS Form PNF.
SOCIAL SECURITY NUMBER	Enter appointee's social security number.
DEPARTMENT	Enter department name.
P/R No.	Enter payroll number.
VENDOR CODE, VOUCHER NO..	Enter vendor code, enter voucher number.
ACCOUNT CODE	Enter 6-digit account code.
SUBCODE, TYPE	Predefined.
P/F/N	Enter "N" for direct payment. If a miscellaneous encumbrance has been issued, enter a "P" for partial payment or "F" for final payment (any remaining encumbrance deleted).
AMOUNT	Enter Deductible Relocation Expenses (Reportable, Non Taxable, 4891) and Non Deductible Relocation Expenses (Reportable/Taxable, 4892) dollars and cents to be reimbursed to appointee from UH Form 17A.
TOTAL	Enter total amount to be reimbursed to appointee in dollars and cents.
APPOINTEE'S TITLE, RANK, B.U.	Enter position title, rank and bargaining unit code of appointee.
APPOINTMENT DATE	Enter appointment date.
DATE DEPARTED, DATE ARRIVED	Enter date left old residence, enter date arrived new residence.
ADDRESS FROM WHICH RELOCATED	Enter address from which appointee has relocated.
ALLOWABLE RELOCATION EXPENSES	Itemize allowable expenses (as outlined in APM A8.863, Section 4c.) for which appointee is claiming reimbursement and sub-total accordingly.
EXCEPTION RELOCATION EXPENSES	Itemize exception expenses and subtotal accordingly. Exception approval is required. These expenses should only be claimed under highly unusual situations and may be subject to Federal, State, FICA and Medicare withholding.
TOTAL RELOCATION ALLOWANCE	Enter total of Allowable and Exception Expenses claimed for reimbursement. Excess approval required if total exceeds authorized ceiling.
SIGNATURES	Signatures and dates are required by appropriate program head, Dean/Director, and Fiscal Officer.
EXCESS ALLOWANCE APPROVAL	Signature of Vice President, Senior Vice President or Chancellors for Excess Allowance and date. Attach Justification for expenses in excess of the authorized ceiling.
EXCEPTION ALLOWANCE APPROVAL	Signature of Senior Vice President for Administration for Exception and date. Attach Justification for exceptions to procedures and or expenses.

Submit the original and 1 copy of the Relocation Allowance Request (Form 17) with 1 set of supporting documents. Attach original and 3 copies of the UH Form 17A and submit to the Accounts Payable Office after approvals have been obtained.