



UT System Office of Finance Moving Stipend Request Form T-5

Date:

Employee Name:

Mailing Address: Street:

City:

St:

Zip:

Last 4 Digits of SSN:

Employment Date:

Cost Center/WBS Element(s) to be Charged:

Payment Calculation	
Gross Amount:	
Less: Income Tax Withholding (25%)	
Less: FICA Tax (4.2%)	
Less: Medicare Tax (1.45%)	
Net Amount to be paid to the employee:	
<small>Note: Individuals in special tax situations (non-citizens, graduate students, etc) may have more or less tax deducted.</small>	

Prepared by:

Phone:

FOR TREASURER'S OFFICE USE ONLY					
A/P Check Number:	A17-5800-768	258768		Date:	
Payroll Accounting:				Date:	

NOTE: This charge will appear on your ledger as an additional pay expense when the payroll is posted.

Form T-5 Moving Allowance Form (Rev. 2/2018)

If you experience issues with this form, please try downloading the form, then completing it.