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

Date:

Employee Name: Title:

Mailing Address: Street:

City: St: Zip:

Last 4 Digits of SSN: Employment Date:

Chart of Accounts:

Payment Calculation	
Gross Amount:	
Less: Income Tax Withholding (22%)	0.00
Less: FICA Tax (6.2%)	0.00
Less: Medicare Tax (1.45%)	0.00
Net Amount to be paid to the employee:	0.00
Note: Individuals in special tax situations (non-citizens, graduate students, etc) may have more or less tax deducted.	

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.