



Relocation Allowance Request

Employee Name: _____ ID: _____

Employment Start Date: _____

Department: _____

Authorized Amount: \$ _____
The employee will receive the net amount after taxes.

Employee Signature: _____ Date: _____

Payroll will complete this section.

Is the index to pay grant-funded? *Circle/click one:* ☐ YES ☐ NO

If yes, OSP Signature of approval: _____

Index to charge: _____

Upon acceptance of employment, submit this form with an attached copy of the signed offer letter to Montana Tech Payroll at payroll@mtech.edu. This payment will be paid on the next available payroll after the employee's first day of employment and will be taxed in accordance with IRS regulation. We are unable to give any tax advice regarding this payment.