**The University of Montana**

**Relocation Authorization Form**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Move:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_ Index to be charged: \_\_\_\_\_\_\_\_\_\_Acct: 62810

Maximum amount authorized $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* for relocation expenses

**Please contact Procurement for current contract information**

**for the University preferred relocation vendors.**

Estimated Expense Categories: Estimated Expense:

Moving Household Goods: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel- Including airline, hotels, mileage: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Will a UM Purchasing Card be used: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_
* If yes , name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Misc Moving Expense: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement of Relocation Expenses to Be Paid Directly to Employee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Expense for Relocation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

**\*MUST NOT EXCEED AUTHORIZED AMOUNT FOR RELOCATION EXPENSES\***

**Executive Officer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When the move is complete, please submit the original itemized receipts with a** [**Relocation Expense Tax Form**](http://www.umt.edu/bussrvcs/files/MovingExpenseTax.doc) **to Business Services Accounts Payable within 30 days of the date the expense was incurred. Expenses may not be reimbursed if submitted after 30 day from occurrence.**

**Please be sure the employee has a photo copy of this authorization for their records.**