



LEECH LAKE BAND OF OJIBWE EMPLOYEE RELOCATION EXPENSE FORM

The purpose of this form is to assist new or current employees to relocate to reside in general area of permanently assigned work site.

Reason for relocation:

Amount of expense (not to exceed \$1,000.00): _____

Expense to be paid from:

_____ - _____ - _____ 50565
Fund Div Program IDC

Program Accountant Date

By signing below, I understand that the amount issued to me to relocate is a taxable fringe payment, which will be added to my year-end income, and is subject to FICA, Medicare, and Federal and State Income taxes (IRS Tax Reform Tip 2018-192, December 12, 2018).

Employee Name (Printed)

Employee Payroll Number

Employee Signature

Date