

MOVING AUTHORIZATION/ASSIGNMENT

The Department of _____ has hired/transferred _____ currently residing in _____. Employee is authorized to move personal effects to _____ in accordance with statutes and regulations of the State of Alaska. Accordingly, employee will be reimbursed actual and necessary moving expenses to the vendor identified below for not more than \$_____ ¹ (but not to exceed 15,000 pounds of household goods, premium insurance coverage \$300 in-state and \$1,000 out-of-state moves for household goods, for not more than 30 days of storage, and two personal vehicles). If the employee has executed the assignment below, you may send your billing for services to the Department of _____. Any charges over the limits specified above must be collected by the carrier from the employee.

Date: _____

By _____
Director/Director's Representative

Department of _____

Address _____
_____, AK _____

This authorization expires on ____/____/_____.

EMPLOYEE ASSIGNMENT

I hereby assign all right, title, and interest in receipts from the State, limited to the amount specified above, accruing as a result of the shipment of my personal effects to:

Company _____

Address _____

City & Zip _____

I understand I am responsible for payment of all amounts over the limit specified above.

Date: _____

Signature of Employee

TO MOVING COMPANY: To receive payment from the State, send an itemized invoice to the department name and address listed in the first section above. A copy of this form must accompany the bill to the state.

¹ The amount listed is the total related to the limit placed on the vendor identified below, not the total cost of the move.