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STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

MOVING SERVICE AUTHORIZATION
(Employee Household Goods)

STD. 255 (REV. 7/2006)

PART I AUTHORIZATION

_____ , a state employee, has been authorized to change his/her
(Name) (CB/ID)

headquarters from _____ to _____ , under the
(City, State) (City, State)

provisions of the Department of Personnel Administration Regulations. Said employee is authorized to contract for the moving of his/her household goods to **the new headquarters location** for the account of the State of California; such contract to be in accordance with the terms set forth below, the provisions of the Department of Personnel Administration Regulations and any other applicable laws. Unless previously revoked by notice to carrier, this authorization will expire automatically six months from date of issue or on the expiration date shown below.

STATE AGENCY	DATE OF ISSUE
STREET CITY	EXPIRATION DATE
AUTHORIZING OFFICIAL (Signature)	AUTHORIZING OFFICIAL -TITLE (To be Typed)
I hereby agree to notify my agency and pay transportation and related charges on any items prohibited by Section 599.718, as well as charges which exceed the limits stated in Section 599.719. I understand and agree that such charges may be deducted in full from any and all funds payable by the State to me, including any salary warrant(s) issued to me by the State Controller.	STATE EMPLOYEE (Signature)
	TITLE / NEW HEADQUARTERS PHONE NUMBER

PART II AGREEMENT

The below named carrier agrees to move the household goods of the authorized state employee from _____

_____ to _____ commencing said move on

or about _____ . Carrier certifies that s/he has filed a "Transportation Rate Agreement/ Household Goods (TRA/HHG)" with the California Department of General Services, has been notified of receipt of the (TRA/HHG) by the State, and that to the best of his/her knowledge s/he is presently on the eligible list of carriers authorized to move household goods shipments for the account of the State. Carrier agrees to provide services in accordance with the provisions of the (TRA/HHG), the terms of which are hereby incorporated into this agreement, and to invoice the authorizing state agency for such services at the rates and charges specified in the (TRA/HHG).

CARRIER	FEIN NUMBER (Taxpayer I.D. or Social Security Number)	
CARRIER'S AUTHORIZING OFFICIAL (Signature)	TITLE	DATE

INSTRUCTIONS

1. **Part I - Authorization,** will be completed in quadruplicate by the authorizing official of the state agency ordering the move, and authorized employee's signature will be obtained in Part I on all copies. Original and two copies will be given to authorized employee; fourth copy retained by the agency.

2. **Part II - Agreement,** will be completed in triplicate by the accepting carrier and authorized employee. Original will be retained by the carrier, duplicate will be retained by the employee, and triplicate will be mailed by the employee direct to State Transportation Management, 707 Third Street, Second Floor, West Sacramento, CA 95605.

3. **Billing Instructions to Carrier:**

   Invoice all charges to _____ , but mail itemized invoice with supporting documents to State Transportation Management, 707 Third Street, Second Floor, West Sacramento, CA 95605. Any required proration of moving charges between the State and the employee will be accomplished by the funding State agency.