

Household Moving Allowance*

State of South Dakota

**For moves less than 50 miles only*

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
Capitol Building 500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

Application

Name of Applicant

New Position Title

Agency Employed By

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.*

Signature of Applicant

Date

Authorization

I hereby certify that the above stated agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. I further declare that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Name of Authorized Agent

Position/ Title of Authorized Agent

Signature of Authorized Agent Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on _____

Signature of Secretary, State Board of Finance

Note: This form is for moves of less than 50 miles only. When completed, retain one copy in employee personnel file and attach original to voucher to be sent to the State Auditor Office.