SERVICE AGREEMENT AND DUPLICATE REIMBURSEMENT DISCLOSURE STATEMENT MOVING EXPENSE ALLOWANCES (WITHIN THE UNITED STATES AND RETURN FROM FOREIGN POST)

THIS DOCUMENT ESTABLISHES ELIGIBILITY FOR PAYMENT OF TRAVEL, TRANSPORTATION, AND OTHER MOVING EXPENSES AUTHORIZED BY 5 U.S.C. 5723, 5724, AND 5724a.

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for requiring the requested information is contained in 5 USC 5701-5733, 20 USC 905, and Executive Order 9397, as amended. Disclosure of the data by you is voluntary. The principal purpose for collecting the data is to determine your eligibility for and amount to reimburse you for expenses incurred in connection with permanent change of duty station travel. Information may be transferred to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigators or prosecutions. There is no personal liability to you if you do not furnish the requested information;

GAINING SERVICE OR STAFF OFFICE		2. TITLE AND GRADE OF POSITION TO BE OCCUPIED		
3. EFFECTIVE DATE OF TRANSFER OR APPOINTMENT		4. RESIDENCE ADDRESS AT TIME OF TRANSFER OR APPOINTMENT		
5. NAMES OF DEPENDENTS AUTHORIZED TO RELOCATE				
S. WINES OF DEFENDENCE TO NEED ONLE				
In case of violation of such agreement, any monies expended by the United States on account of travel, transportation, and related moving expenses for myself and immediate family authorized by sections 5723, 5724, and 5724a of Title 5 of the United States Code in connection with my transfer or appointment shall be considered as a debt due to the United States. I agree that I, and/or my immediate family members, have not accepted, and will not accept, duplicate reimbursement for relocation expenses from public or private sources. Furthermore, to the best of my knowledge, no third party has accepted duplicate reimbursement for my relocation expenses as a condition to receiving this allowance. I also agree to furnish proof of occupancy if requested by GSA. I further agree to submit certified tax information and a properly executed SF 1012, TRAVEL VOUCHER, for my Relocation Income Tax (RIT) Allowance within 90 days after receipt of official notice of eligibility from the Region 6, Financial and Payroll Services Division. I understand that payroll deductions will be taken each pay period, in accordance with the Debt Collection Improvement Act of 1996 (DCIA), to recover any Withholding Tax Allowance (WTA) owed the Government caused by my				
failure to submit the required information. 6. SIGNATURE OF EMPLOYEE				7. DATE
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