MISSOURI DEPARTMENT OF TRANSPORTATION
RIGHT OF WAY DIVISION

FIXED-PAYMENT MOVING COST CLAIM

JOB NUMBER

COUNTY	ROUTE	PARCEL	FEDERAL NUMBER

RELOCATEE (S)	DATE OF CLAIM

☐ OWNER OCCUPANT ☐ OWNER NON-OCCUPANT ☐ TENANT	DISPLACEMENT ☐ TOTAL ☐ PARTIAL

☐ "UNFURNISHED" CONVENTIONAL DWELLING UNIT   ☐ "FURNISHED" CONVENTIONAL DWELLING UNIT   ☐ MOBILE HOME

If Mobile Home involved, was it classified as: ☐ Real Property   ☐ Personal Property

Relocatee owned: ☐ Both Mobile Unit and Furnishings   ☐ Mobile Unit Only   ☐ Furnishings Only   ☐ Neither

Subject Unit was occupied by: ☐ One Family   ☐ Two or more Families   ☐ One Individual   ☐ Two or more Individuals

If two or more familes are involved, did they: ☐ Relocate in the Same Unit   ☐ Separate Units

PREVIOUS ADDRESS (SUBJECT R/W PARCEL)	DATE OCCUPIED

NEW ADDRESS OR LOCATION	DATE MOVE COMPLETED

DISTANCE MOVED	NEW TELEPHONE NUMBER	IF OWNER OCCUPIED, DATE DISPLACEMENT RESIDENCE ACQUIRED BY MHTD

Was Replacement Housing: ☐ Rented   ☐ Purchased   ☐ New House Constructed   ☐ Other

Replacement Housing was located: ☐ With   ☐ Without   Assistance from MoDOT

NUMBER OF ROOMS OCCUPIED AND FURNISHED BY RELOCATEE PRIOR TO MOVE
(Includes Attics, Basements and Other Areas if qualified as a "Room" --exclude Bathrooms, Hallways and Closets)

CLAIM COMPUTATION: (Use only one of the following Computation Procedures)

A. Unfurnished Units

_____ Rooms = $ _____ As Total Claim

B. Furnished Units

One Room at $200 plus _____ Rooms at $25 per Room = $ _____ As Total Claim

C. Occupant of Dormitory $_____

D. Partial Displacement

_____ Rooms = $ _____ As Total Claim

The undersigned hereby certifies to being a U.S. Citizen or an alien that is lawfully present in the U.S. and agrees to accept the total sum of $ _____ ,as set out above, as full, complete and final reimbursement for the cost of relocating my/our personal property.

The undersigned further certifies under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by us and are true, correct, and complete, and we understand apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim.

SIGNATURE (S) ▶	DATE

		TO BE COMPLETED BY THE MISSOURI DEPARTMENT OF TRANSPORTATION						

TO BE COMPLETED BY THE MISSOURI DEPARTMENT OF TRANSPORTATION

PAYABLE TO	AMOUNT
	$

TO BE COMPLETED BY THE DISTRICT RIGHT OF WAY UNIT | **TO BE COMPLETED BY THE BBS DIVISION**

LINE	FIXED ASSET	QUANTITY	FUND	AGENCY	ORG.	APPR. UNIT
01						
02						

LINE	OBJECT	SUB-OBJ	ACTIVITY	FUNCTION	AMOUNT
01					
02					

LINE	PROJECT/JOB NO. REPORTING CATEGORY	COMMODITY CODE
01		
02		

TO BE COMPLETED BY THE BBS DIVISION

☐ Name of Payee is same as on document

☐ Distribution on code block is correct

☐ Document is certified

☐ Amount is same as on document

☐ Parcel number entered to PVQ document

CHECKED BY

TO BE COMPLETED BY DISTRICT R/W UNIT

☐ All applicable spaces on front of claim are complete

☐ Computations have been checked and are correct

☐ Number of privately furnished or equivalent rooms used in computing amount of claim is compatible with relocation agent's report

☐ Documentation is in the file to justify the number used in computing amount claimed herein

☐ Claim submitted within required eighteen month time limit

Relocatee occupied subject at ☐ initiation of negotiations ☐ time property acquired ☐ both

Comments:

The total sum of $_____ is approved for payment under this claim.

I certify the above information has been checked against this district's records and it is a just and correct payment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim.

▶ SIGNATURE	TITLE	DATE

THIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS

▶ SIGNATURE	TITLE	DATE

I CONCUR	DISTRICT R/W MANAGER	DATE