

MISSOURI DEPARTMENT OF TRANSPORTATION  
 RIGHT OF WAY DIVISION  
**MOVING COST CLAIM - ACTUAL COST -  
 COMMERCIAL MOVER**

			JOB NUMBER
COUNTY	ROUTE	PARCEL	FEDERAL NUMBER
RELOCATEE (S)			DATE OF CLAIM
<input type="checkbox"/> OWNER OCCUPANT <input type="checkbox"/> OWNER NON-OCCUPANT <input type="checkbox"/> TENANT			DISPLACEMENT <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FARM <input type="checkbox"/> NONPROFIT ORGANIZATION <input type="checkbox"/> MOBILE HOME			
Replacement property was located <input type="checkbox"/> with <input type="checkbox"/> without assistance from MoDOT personnel.			
PREVIOUS ADDRESS (SUBJECT PARCEL)			DATE OCCUPIED
NEW ADDRESS (REPLACEMENT UNIT)			DATE OCCUPIED
DISTANCE MOVED	NEW TELEPHONE NUMBER	REPLACEMENT WAS <input type="checkbox"/> RENTED <input type="checkbox"/> PURCHASED <input type="checkbox"/> NEW BLDG. CONSTR. <input type="checkbox"/> RESIDENCE <input type="checkbox"/> COMMERCIAL BLDG.	
DATE MOVE BEGAN	DATE MOVE COMPLETED	NAME AND ADDRESS OF MOVING FIRM(S)	
IF BUSINESS OR FARM OPERATION INVOLVED, WAS IT			
<input type="checkbox"/> CONTINUED <input type="checkbox"/> TERMINATED			
1. Low bid(s) reflected in the moving cost agreement(s)			\$
2. Actual cost of basic move			\$
3. Total low bid(s) - or - actual cost payments, whichever is lowest			\$
4. Compensable storage costs			\$
5. Compensable insurance costs			\$
6. Compensable losses in moving (including damages not covered by insurance or paid by mover)			\$
7. Compensable removal and reinstallation expenses:			\$
8. Other compensable incidental expenses identified as:			\$
9. RESIDENTIAL MOVE ONLY - Compensable cost of transportation, meals & temporary lodging			\$
10. BUSINESS, FARM & NONPROFIT ORGANIZATIONS ONLY - Compensable replacement property search expenses			\$
11. BUSINESS, FARM & NONPROFIT ORGANIZATIONS ONLY - Compensable tangible property losses			\$
12. Eligible reestablishment expenses (Not to exceed \$10,000)			\$
<b>TOTAL AMOUNT CLAIMED</b>			<b>\$</b>
<small>NOTE: Every unit file must be accompanied by paid receipts and supporting statements as discussed in the Missouri Department of Transportation's Relocation Brochure. If move was more than 50 miles distance, the amounts shown above must relate to the prorated moving and incidental costs which would have been applicable for a 50-mile move and a statement must be attached showing how all applicable costs were prorated.</small>			
<p>The undersigned hereby agrees to accept the total sum of \$ _____, as full, complete and final reimbursement for the cost of relocating personal property necessitated by the acquisition of the property I/we occupy for highway purposes, as authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended, with the following exception: _____          (Applicable when storage costs are being claimed.) The undersigned further certifies no items of personal property, for which storage costs are being claimed herein, were located on any property owned or leased by me/us during the period of time covered in the storage cost payment receipt attached hereto.          (Applicable if losses or damages during move are being claimed.) The undersigned further certifies insurance was not reasonably available and could not be reasonably obtained to cover the losses and/or damages experienced during the move, for which payment is being claimed herein and further, payment for such losses and/or damages was not received by me/us from a moving firm or from any other source.          (Applicable when removal and reinstallation costs are being claimed.) The undersigned further certifies the items for which removal and reinstallation charges are being claimed were considered personal property and the Missouri Department of Transportation is released from any payment for such items as realty.          The undersigned further certifies none of the costs claimed herein includes the cost of moving items of real property that were retained by me/us.          The undersigned certifies to being a U.S. citizen or an alien that is lawfully present in the U.S. and further certifies under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, 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.</p>			
SIGNATURE (S)			DATE

**TO BE COMPLETED BY THE MISSOURI DEPARTMENT OF TRANSPORTATION**

PAYABLE TO	AMOUNT \$
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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												<input type="checkbox"/> Name of Payee is same as on document	
02												<input type="checkbox"/> Distribution on code block is correct	
LINE	OBJECT	SUB-OBJ	ACTIVITY	FUNCTION	AMOUNT								
01												<input type="checkbox"/> Document is certified	
02												<input type="checkbox"/> Amount is same as on document	
LINE	PROJECT/JOB NO. REPORTING CATEGORY				COMMODITY CODE								
01													<input type="checkbox"/> Parcel number entered to PVQ document
02													
												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
  - Did move exceed 50 miles     yes     no    If "Yes", are prorated figures documented and justified
  - Supporting receipts and/or other required documentation reviewed, found adequate (as required) and justified
  - Business, Farm and Nonprofit Organization -- were pre-move and post-move inventories submitted and compared
  - Cost of basic move does not exceed approved low bid
  - Tangible property losses included in the claim do not exceed estimated cost of moving items involved
  - 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
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THIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS

SIGNATURE	TITLE	DATE
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I CONCUR	DISTRICT R/W MANAGER	DATE
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