BUSINESS ACTUAL COST MOVE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |       | **CODE:** |       | **PARCEL:** |       | **REVIEWER:** |       |
|  |  |  |  |  |
| Attached | Previously Submitted | Submit when available | Form # | Required Items |
|  |
| [ ]  | NA | NA | Voucher | Original **signed** claim voucher **+ 1 copy**  |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | W-9 | Original **+ 1 copy** (if not previously submitted)  |
|  |  |  |  |  |
| [ ]  | NA | NA | #25 | **Top** **and Middle** portion completed with agent’s signature |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | INV | Large or unique items should be noted in the caption. |
|  |  |  | **\*** | Photos must clearly identify the personal property being inventoried |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | Invoice | Bill or Invoice |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | Form of Pmt | Canceled check (front & back) or other evidence of payment in full |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | Old Order form | Copy of last order for item(s) being replaced |
|  |  |  |  |  |
| [ ]  | NA | NA | Obsolete Item | Obtain obsolete items being replaced  |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | #28 | Fully completed and **signed**, indicating numbers of hours worked and type of work. Paid receipts for all equipment used during the move. (**self move only**)  |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | Bid | **LOW** professional bid **(if applicable)** |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | #27 | Bid Specifications - must be **signed** by the bidder **(if applicable)** |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | Bid | **HIGH** professional bid **(if applicable)** |
|  |  |  |  |  |
| [ ]  | [ ]  | NA | #27 | Bid Specifications - must be **signed** by the bidder **(if applicable)** |
|  |  |  |  |  |
| [ ]  | NA | [ ]  | RW Clear | R8 stating Right of Way is clear **signed** by agent and displacee |
|  |  |  |  |  |
| [ ]  | NA | NA | # 8 | **“PARC”** Agent’s Report detailing the claim  |
|  |  |  | \* | **Delivery Instructions** must be noted |
|  |  |  | \* | R8 does not need to be lengthy, but it must be specific and complete  |
|  |  |  | \* | R8 must be **signed** by both the agent and displacee |
|  |  |  | **🡺** | **Indicate number of items on hand being replaced** |
|  |  |  | **🡺** | **Include statement about what was done with the obsolete item(s). (returned to INDOT, disposed of, etc)** |

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| **COMPLIANCE CERTIFICATION** |
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| *I,* AGENT NAME & TITLE, AGENT COMPANY*, certify that this submittal is made in good faith; that the supporting data is accurate and complete to the best of my knowledge and that this submittal is in accordance with 49 CFR Part 24, PL 91-646 and IC 32-24 and that all applicable rules and regulations of the Federal Highway Administration have been complied with.* |
|  |  |
|  | (Signature) |
|  | Phone: AGENT PHONEEmail: AGENT EMAIL |

Reviewer Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_