

SEARCHING EXPENSES REPORT

Name _____

Project _____

Address _____

Parcel _____ Code _____

Reimbursement will be based on the actual and usual hourly rate of the person conducting the search. All expenses except value of time spent and mileage driven must be supported by receipted bills. Fees paid to realtors to locate replacement sites are eligible. Real estate commissions are **NOT** reimbursable searching expenses. **Maximum reimbursement is \$2,500.00.**

1. Name of person conducting search. _____

3. Actual and usual hourly rate of person conducting search is \$ _____ / Hr.

4. Breakdown or time and mileage spent searching for replacement site:

<u>Date</u>	<u>Time Spent</u>	<u>Miles Driven</u>	<u>Date</u>	<u>Time Spent</u>	<u>Miles Driven</u>	<u>Date</u>	<u>Time Spent</u>	<u>Miles Driven</u>
_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi
_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi
_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi
_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi
_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi
_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi
_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi
_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi	_____	_____ Hr	_____ mi
Total	_____ Hr	_____ mi	Total	_____ Hr	_____ mi	Total	_____ Hr	_____ mi

5. Other expenses supported by receipted bills, e.g. lodging and meals if overnight travel was involved.

<u>Item</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____

6. Summary of Searching Costs:

_____ Totals hours spent @ \$ _____ / Hr = \$ _____

_____ Total miles driven @ \$.50 / mi = \$ _____

Total of other expenses from item 5 (receipts required) = \$ _____

TOTAL SEARCHING COSTS = \$ _____

I certify that the above information is true and accurate to the best of my knowledge and hereby submit this report plus the attached receipts, if applicable, as evidence of the expenses incurred.

_____ Date

_____ Displacee