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** | |
| --- | --- |
| *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 PHONE  Email: AGENT EMAIL |

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