BUSINESS MOVE BY PROFESSIONAL MOVER

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** portion completed with agent’s signature | | | | |
|  |  |  |  | | | **Middle** portion completed | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | Invoice | | | Bill, Invoice, or a paid receipt if you are reimbursing the displacee | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | INV | | | Large or unique items should be noted in the caption. | | | | |
|  |  |  | **\*** | | | Photos must clearly identify the personal property being inventoried | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | Move Bid | | | **LOW** professional mover’s bid | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | #27 | | | Bid Specifications - must be **signed** by the bidder | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | Move Bid | | | **HIGH** professional mover’s bid | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | #27 | | | Bid Specifications - must be **signed** by the bidder | | | | |
|  |  |  |  | | |  | | | | |
|  | 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 | | | | |
|  |  |  | **\*** | | | Include instructions to endorse check and pay mover. | | | | |
|  |  |  | \* | | | **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 | | | | |

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| **Page 21** |

| **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 PHONE  Email: AGENT EMAIL |

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