BUSINESS REESTABLISHMENT EXPENSES CLAIM

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | #30 | | | 90 Day Notice **signed** by the agent and displacee | | | | |
|  |  |  |  | | |  | | | | |
|  | NA | NA | #32 | | | Reestablishment Expenses Determination form | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | DEED / LEASE | | | Owner’s replacement Deed or Lease to replacement property | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | LEASE | | | Tenant’s new lease for landlord reestablishment claims | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | BEFORE | | | Before photos of all work claimed for reimbursement,  or evidence of costs before relocation (rent, tax, utility, insurance) | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | AFTER | | | After photos of all work claimed for reimbursement,  or evidence of costs after relocation (rent, tax, utility, insurance) | | | | |
|  |  |  |  | | |  | | | | |
|  |  | NA | #28 | | | Fully completed and **signed**, indicating numbers of hours worked and type of work. Paid receipts for all supplies/equipment used during the move. | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | RECEIPTS | | | Paid receipts / contracts / canceled checks / evidence of payment | | | | |
|  |  |  |  | | |  | | | | |
|  | 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 | | | | |

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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 PHONE  Email: AGENT EMAIL |

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