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 PHONEEmail: AGENT EMAIL |

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