

CLAIM FOR MOVING AND RELATED COSTS - BUSINESS

PROJECT NAME _____ PARCEL NO. _____
NAME OF BUSINESS _____
NAME & TITLE OF PERSON FILING CLAIM _____
PRESENT MAILING ADDRESS _____
_____ TELEPHONE NO. _____

TYPE OF OPERATION: Business Farm Operation Nonprofit Organization
TYPE OF OWNERSHIP: Sole Corporation Partnership Nonprofit Organization

Did Concern Discontinue Operations? YES/NO
Does Concern Plan to Reestablish? YES/NO

OLD ADDRESS: _____
DATE OCCUPIED: _____

NEW ADDRESS: _____
DATE OCCUPIED: _____

TYPE OF PAYMENT IN LIEU PAYMENT ACTUAL EXPENSES

Payment for actual moving and related expenses \$ _____
(See Page 2)

or

Payment in lieu of actual moving and related expenses \$ _____
(See Page 2)

I(We) CERTIFY, under the penalties and provisions of U.S.C. Title 18, Sections 286, 287, and 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me (us) and are true, correct, and complete, I(We) further certify that I(we) have not submitted any other claim for, or received reimbursement or compensation from any other source for any item of this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

I(We) hereby request and authorize the moving expenses listed on the attached itemized bill be paid directly to the mover or other contractors as arranged.

Claimant
Date _____

Claimant
Date _____

Signature Name (Type) Date

RECOMMENDED _____

APPROVED

CLAIM FOR MOVING AND RELATED COSTS - BUSINESS

PROJECT NAME _____ PARCEL NO. _____

NAME OF BUSINESS _____

ACTUAL MOVE COMPUTATION

| | |
|---|--------------|
| Moving Costs | \$ _____ |
| Utility Costs | \$ _____ |
| Insurance Costs | \$ _____ |
| Storage Costs | \$ _____ |
| Actual Direct Losses of Property (See attached) | \$ _____ |
| Reasonable Search Costs | \$ _____ |
| TOTAL | \$ _____ |

IN LIEU COMPUTATION

| <u>Item</u> | <u>19</u> _____ | <u>19</u> _____ | <u>Average</u> |
|---|-----------------|-----------------|----------------|
| 1. Gross Receipts, or Gross Sales, Less Returns & Allowances | \$ _____ | \$ _____ | \$ _____ |
| 2. Gross Profit | \$ _____ | \$ _____ | \$ _____ |
| 3. Net Profit(or Loss) | \$ _____ | \$ _____ | \$ _____ |
| 4. Salaries & Wages Paid To Members of Owner's Family Who are Members of Owner's Household | \$ _____ | \$ _____ | \$ _____ |
| 5. Net Earnings | \$ _____ | \$ _____ | \$ _____ |

Remarks: