

CLAIM FOR MOVING AND RELATED COSTS

PROJECT NAME _____ PARCEL NO. _____
NAME(S) OF CLAIMANT _____
PRESENT MAILING ADDRESS _____
TELEPHONE NO. _____

OLD ADDRESS: _____
DATE MOVED INTO: _____ NO. OF ROOMS OCCUPIED: _____

NEW ADDRESS: _____
DATE MOVED INTO: _____

TYPE OF PAYMENT

_____ FIXED PAYMENT \$ _____

_____ ACTUAL EXPENSE (Itemized as follows, receipts attached)

- 1. Moving Costs \$ _____
- 2. Utility Costs \$ _____
- 3. Insurance Costs \$ _____
- 4. Storage Costs \$ _____
- Total Actual \$ _____

TOTAL REQUESTED \$ _____

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 _____