



KENTUCKY TRANSPORTATION CABINET  
Department of Highways  
DIVISION OF RIGHT OF WAY & UTILITIES

TC 62-221  
Rev. 12/2024  
Page 1 of 1

RELOCATION PAYMENT SUMMARY

|                              |                             |                          |                          |                        |  |
|------------------------------|-----------------------------|--------------------------|--------------------------|------------------------|--|
| COUNTY                       | ITEM NO.                    | PARCEL                   | NAME                     |                        |  |
|                              |                             |                          |                          |                        |  |
| PROJECT NO.                  | FEDERAL NUMBER              |                          | PROJECT                  |                        |  |
|                              |                             |                          |                          |                        |  |
| STATE EMPLOYEE               |                             | OWNER                    | TENANT                   | MAKE CHECK PAYABLE TO: |  |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NAME                   |  |
| INVOICE NO.                  | CHECK NO.                   | CHECK DATE               |                          | ADDRESS                |  |
|                              |                             |                          |                          |                        |  |
| CHECK DELIVERED BY           |                             | DATE                     |                          |                        |  |
|                              |                             |                          |                          | PHONE NO.              |  |
|                              |                             |                          |                          | SS/TAX ID NO.          |  |
|                              |                             |                          |                          | VENDOR NO.             |  |
|                              |                             |                          |                          |                        |  |

|                |                                     |  |
|----------------|-------------------------------------|--|
| MAIL CHECK TO: | <input type="checkbox"/> DISTRICT # |  |
|                | <input type="checkbox"/> CONSULTANT |  |

Explanation/Special Instructions:

| Non-Residential | Amount | Dep-Ob | Object | Residential             | Amount | Dep-Ob | Object |
|-----------------|--------|--------|--------|-------------------------|--------|--------|--------|
| Reestablishment |        | REXX   | E792   | Purchase Supplement     |        | PSXX   | E792   |
| In Lieu of Move |        | ILXX   | E792   | Rental Assistance       |        | RSXX   | E792   |
| Move Expense    |        | NRMX   | E792   | Down Payment Assistance |        | DPXX   | E792   |
|                 |        |        |        | Incidental Expense      |        | IEXX   | E792   |
|                 |        |        |        | Increased Interest      |        | IIXX   | E792   |
|                 |        |        |        | Last Resort Housing     |        | LRXX   | E792   |
|                 |        |        |        | Handicap Accessibility  |        | HAXX   | E792   |
|                 |        |        |        | Move Expense            |        | RMXX   | E792   |
|                 |        |        |        |                         |        |        |        |
| TOTAL           |        |        |        | TOTAL                   |        |        |        |

|                          |                              |
|--------------------------|------------------------------|
| Approved in District By: | For Central Office Use       |
|                          |                              |
| Right of Way Agent       |                              |
| Date                     |                              |
|                          |                              |
| Project Manager          |                              |
| Date                     |                              |
|                          |                              |
| Right of Way Supervisor  | Approved By : Central Office |
| Date                     | Date                         |