



**MOVING EXPENSE ESTIMATE/BID**

COUNTY	ITEM NO.	PARCEL	NAME
PROJECT NO.	FEDERAL NUMBER		PROJECT
ORIGIN (Address)		DESTINATION (Address)	DISTANCE

**TC 62-68 Certified inventory required for all moves. Attach commercial bids.**

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> FIXED RATE	<input type="checkbox"/> COMMERCIAL HOUSEHOLD	<input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> MOBILE HOME
<input type="checkbox"/> NONRESIDENTIAL	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> FARM	<input type="checkbox"/> NONPROFIT	<input type="checkbox"/> BILLBOARD/SIGN

**COMMERCIAL BIDS:** Two bids required if move exceeds \$50,000; Billboard: one bid required up to \$100,000

Commercial Bidder's Name	Bidder's Address	Amount of Bid

**LOW COMMERCIAL MOVE BID**

**STAFF ESTIMATE:** Limit \$25,000 CO approval required if move exceeds \$10,000

ITEM	PER HR/ITEM	NO.	UNIT	HRLY/ITEM COST

**TOTAL STAFF ESTIMATED MOVE COST**

**FIXED RATE MOVE:** CO approval required if room count exceeds 20 rooms

	1 <sup>st</sup> Room	Each Additional	No. Rooms	TOTAL
<input type="checkbox"/> Conventional Dwellings: When occupant owns furniture	\$700	\$200		
<input type="checkbox"/> Sleeping Room: When occupant doesn't own furniture	\$400	\$100		

**TOTAL FIXED RATE MOVE COST**

**BASIS OF ESTIMATE AND REMARKS:**

**TOTAL MOVE ESTIMATE IS APPROVED IN THE AMOUNT OF**

	<i>For Central Office Use:</i>		
Relocation Agent	Date		
Project Manager	Date		
Right of Way Supervisor	Date	Central Office Relocation	Date