



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: DISTRICT # 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	Rent Supplement		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 _____ Date _____			
		Approved By : Central Office _____ Date _____	