



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	HR/ITEM COST

TOTAL STAFF ESTIMATED MOVE COST

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

	1 st 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

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