|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COUNTY** | | | | | **ITEM NO.** | | | | | **PARCEL** | | | **NAME** | | | | | |
|  | | | | |  | | | | |  | | |  | | | | | |
| **PROJECT NO.** | | | | | **FEDERAL NUMBER** | | | | | | | | **PROJECT** | | | | | |
|  | | | | |  | | | | | | | |  | | | | | |
| STATE EMPLOYEE | | | | | OWNER | | | | TENANT | | | | MAKE CHECK PAYABLE TO: | | | | | |
| YES | NO | | | |  | | | |  | | | | 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 | |