

**CLAIM FOR MOVING AND RELATED COSTS**

PROJECT NAME \_\_\_\_\_ PARCEL NO. \_\_\_\_\_  
 NAME(S) OF CLAIMANT \_\_\_\_\_  
 PRESENT MAILING ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
 DATE MOVED INTO: \_\_\_\_\_ NO. OF ROOMS OCCUPIED: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
 DATE MOVED INTO: \_\_\_\_\_

**TYPE OF PAYMENT**

\_\_\_\_\_ FIXED PAYMENT \$ \_\_\_\_\_

\_\_\_\_\_ ACTUAL EXPENSE (Itemized as follows, receipts attached)

- |                    |          |
|--------------------|----------|
| 1. Moving Costs    | \$ _____ |
| 2. Utility Costs   | \$ _____ |
| 3. Insurance Costs | \$ _____ |
| 4. Storage Costs   | \$ _____ |
| Total Actual       | \$ _____ |

**TOTAL REQUESTED** \$ \_\_\_\_\_

I(We) CERTIFY, under the penalties and provisions of U.S.C. Title 18, Sections 286, 287, and 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me (us) and are true, correct, and complete, I(We) further certify that I(we) have not submitted any other claim for, or received reimbursement or compensation from any other source for any item of this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

\_\_\_I(We) hereby request and authorize the moving expenses listed on the attached itemized bill be paid directly to the mover or other contractors as arranged.

\_\_\_\_\_  
 Claimant  
 Date \_\_\_\_\_

\_\_\_\_\_  
 Claimant  
 Date \_\_\_\_\_

<b>Signature</b>	<b>Name (Type)</b>	<b>Date</b>
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RECOMMENDED \_\_\_\_\_  
 APPROVED \_\_\_\_\_