**TABULATION OF UTILITY ADJUSTMENTS (SUP)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date: | | | | | Federal Project No.: | |
|  | District: | | | | | ROW CSJ: | |
|  | County/City of      , Texas | | | | | Highway: | |
| Utility Company Name | | U-Number (if applicable) | Utility ID | Amount of  Final Billing | Firm Commitment or Net Cost to County/City | | Amount of Requested Reimbursement |
|  | | U | U | $ | $ | | $ |
|  | | U | U | $ | $ | | $ |
|  | | U | U | $ | $ | | $ |
|  | | U | U | $ | $ | | $ |
|  | | U | U | $ | $ | | $ |

**CERTIFICATION**

I hereby certify that the above utility adjustment(s) were made in full accordance with the provisions of the Contractual Agreement between the County/City of      , Texas, and the State of Texas, and the amount(s) shown herein under “Firm Commitment or Net Cost to County/City” were accordingly paid to the utility company(ies) and documentary evidence to this effect is contained in the County/City records.

Authorized Local Government Representative Date