**TABULATION OF COST AND** **REQUEST FOR REIMBURSEMENT**

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| County/City of       | County:       |
| Highway:       | ROW CSJ No.:       |
|  | District:       |

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| 1.Parcel No. | 2.Gross Cost to County/City (Excludes County/City Fencing) | 3.Requested ReimbursementForParcel Costs | 4.10% NetCredit orLoss fromSale ofImprovements | 5.TotalReimbursementRequested(Total of Columns 3 & 4) | 6.ImprovementsRetained bythe Grantor(Item No. from Form ROW-A-10) | 7.County/CityMoving orAdjustmentCostNot Paidto Owner | 8.EthnicCode |
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|  |  | $      | $      | $      |  |  |  |

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| I hereby certify that the amounts indicated hereon represent amounts as actually disbursed by       to the property owners or in making property adjustments necessitated by the right of way taking, that such amounts are eligible for State cost participation under terms of the Contractual Agreement, and the documentation to this effect is available for audit by the State. | Total Acreage:      I hereby certify the amounts eligible for State participation as shown hereon to be true and correct. |

 Signature Right of Way Manager

 Title Date