**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 Reimbursement  For  Parcel Costs | 4.  10% Net  Credit or  Loss from  Sale of  Improvements | 5.  Total  Reimbursement  Requested  (Total of Columns 3 & 4) | 6.  Improvements  Retained by  the Grantor  (Item No. from Form ROW-A-10) | 7.  County/City  Moving or  Adjustment  Cost  Not Paid  to Owner | 8.  Ethnic  Code |
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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