**TABULATION OF UTILITY ADJUSTMENTS (SUP)**

|  |  |  |
| --- | --- | --- |
|  | Date:       | Federal Project No.:       |
|  | District:       | ROW CSJ:       |
|  | County/City of      , Texas | Highway:       |
| UtilityCompany 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