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| FINAL REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIM OF | | |  | | | | | | | | | | | | | | | PLAN SHEETS | | | | | |  | | | | | DATE | | | | | |  | |
| WBS # | | |  | | | | | TIP/PARCEL | | |  | | | | | | | COUNTY | | | | | |  | | | | | | | | | | | | |
| PAYMENT FOR: | | | Temp. Easement  Perm. Easement  Residue  R/W-Imp-Administrative Increase-Damage to Remainder | | | | | | | | | | | | | | | | | | | | | | | CONSULTANT CLAIM  DONATION | | | | | | | | | |  |
|  | | | Other | | | |  | | | | | | | | | | | | | | | TOTAL DISBURSEMENT: | | | | | | | | | $ | |  | | | |
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|  | PAYEE #1: | | |  | | | | | | | | | | | $ |  | | | | | | | | | | DOC # | | | | | |  | | | | |
| ADDRESS: | | | |  | | | | | | | | | | TIN # | |  | | | | | | | | | | VENDOR # | | | | | |  | | | | |
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| ACCT. ASSIGNMENT: | | | | | | **GL ACCT** | | | | **COST CTR** | | | **WBS** | | | | | | **FUNC** | | | | | | **TIP/PARCEL** | | | | | | | | | **AMOUNT** | | |
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|  | PAYEE #2: | | |  | | | | | County Register of Deeds | | | | | | $ |  | | | | | | | | | | DOC # | | | | | |  | | | | |
| ADDRESS: | | | |  | | | | | | | | | | TIN # | |  | | | | | | | | | | VENDOR # | | | | | |  | | | | |
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|  | | **More pages are attached with additional payees** | | | | | | | | | | | | | | **Total number of payees:** | | | | | | | | | | | | | | | | |  | | | |
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| **CHECK DELIVERY LOCATION:** | | | | | | | | | **DIVISION** | | |  | |  | **HQ** | |  | | |  | | | **ACH** | | | |  | | |  | | | | | | |
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| **REMARKS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **RECOMMENDED: (ALL PARCELS)** |  | **APPROVED: (ALL PARCELS)** |
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| RIGHT OF WAY AGENT – (**Type Name Here**)  Email: |  | MANAGER/ASST. MANAGER OF RIGHT OF WAY |
| **APPROVED: (OVER $1,000,000)** |  | **APPROVED: (3 MILLION AND ABOVE)** |
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| DIRECTOR OF FIELD SUPPORT |  | CHIEF ENGINEER – Secretary’s Review Board approved this settlement on \_\_\_\_\_\_\_\_\_\_\_ |