|  |
| --- |
| 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 CLAIMDONATION | [ ] [ ]  |
|  | [ ]  Other |       | TOTAL DISBURSEMENT: | $ |  |
|  |
| [ ]  | PAYEE #1: |  | $ |  | DOC # |       |
| ADDRESS: |       | TIN # |       | VENDOR # |       |
|  |       |
|  |       |
|  |  |
| ACCT. ASSIGNMENT: | **GL ACCT** | **COST CTR** | **WBS** | **FUNC** | **TIP/PARCEL** | **AMOUNT** |
|  |  |  |  |  |  |  |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |  |
| [ ]  | PAYEE #2: |  | County Register of Deeds | $ |  | DOC # |       |
| ADDRESS: |  | TIN # |  | VENDOR # |  |
|  |  |
|  |       |
|  |  |
| ACCT. ASSIGNMENT: | **GL ACCT** | **COST CTR** | **WBS** | **FUNC** | **TIP/PARCEL** | **AMOUNT** |
|  |  |  |  |  |  |  |
|  |  |
|  |  |
| **[ ]**  | **More pages are attached with additional payees** | **Total number of payees:** |  |
|  |  |  |  |  |  |  |
| **CHECK DELIVERY LOCATION:** | **DIVISION** |  |  | **HQ** |       |  | **ACH** |       |  |
|  |  |
| **REMARKS:** |

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| --- |
|  |
| **RECOMMENDED: (ALL PARCELS)** |  | **APPROVED: (ALL PARCELS)** |
|  |  |  |
| 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)** |
|  |  |  |
| DIRECTOR OF FIELD SUPPORT |  | CHIEF ENGINEER – Secretary’s Review Board approved this settlement on \_\_\_\_\_\_\_\_\_\_\_ |