

CLAIM FOR ROOM-COUNT MOVING EXPENSE & DISLOCATION ALLOWANCE

North Dakota Department of Transportation, Environmental & Transportation Services

SFN 10140 (9-2016)

Project Control Number	Project Number	Primary Parcel Number	
Parcel(s)		Date of Move	
Full Name of Displaced Person(s)			
Address Moved From	City	State	ZIP Code
Address Moved To	City	State	ZIP Code

PAYMENT SCHEDULE - SEPTEMBER 2015 SCHEDULE A - OCCUPANT OWNS FURNITURE

1 Room	2 Rooms	3 Rooms	4 Rooms	5 Rooms	6 Rooms	7 Rooms	8 Rooms	Each Additional Room
\$495	\$715	\$900	\$1,080	\$1,265	\$1,415	\$1,510	\$1,695	\$185

SCHEDULE B - OCCUPANT DOES NOT OWN FURNITURE

First Room	Each Additional Room
\$430	\$65

Exceptions:

1. Person whose residential move is performed by NDDOT - \$100.00.
2. Move of a mobile home from site, actual cost may be added for packing and securing personal property for the move, if reasonable, at NDDOT's discretion.
3. Occupant of dormitory - \$100.00.

Number of Rooms	Total Claim
I certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of expense paid pursuant to this claim; I further certify that all information submitted herewith or included herein is true and correct.	
Displaced Person Signature	Date
Displaced Person Signature	Date

Approval:
I certify that I have examined this claim and substantiating documentation, and have found it to conform to the applicable provisions of the North Dakota State Law and Code of Federal Regulations, Part 24. This claim is approved and payment is authorized as follows:

Approved Amount

North Dakota Department of Transportation Representative

Signature	Date
-----------	------