Form ROW-N-20AB
(Rev. 08/11)

TABULATION OF COST AND REQUEST FOR REIMBURSEMENT

County/City of
Highway:

County:
ROW CSJ No.:
District:

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
		$	$	$			

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, Region

Title

Date

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