

Memo

Date: August 30, 2021

Project: County Road 176

To: Don Childs, Sheets & Crossfield, P.C.

From: Rhonda Young, R/W-RAC, Relocation Agent, HDR Engineering, Inc.

Subject: Parcel 5 Direct Payment to Vendor Request

Please find below, the request for Direct Payment to Vendor request, in the amount of \$1,380.
Enclosed are the following documents:

- Certification of Eligibility
- Actual Cost Move Claim Form
- Direct Payment to Vendor Form
- W-9 Form

Should any additional information be needed to process this request, please contact me at 512-685-2971 or by email at Rhonda.young@hdrinc.com.

CERTIFICATION OF ELIGIBILITY

Highway: CR 176

Parcel: 5

Displacee: Thomas D. Diaz, III and Melissa R. Sharpe-Diaz

Individuals, Families and Unincorporated Businesses or Farming Operations

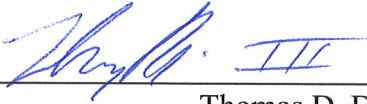
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

☒ Citizens or Nationals of the United States

or

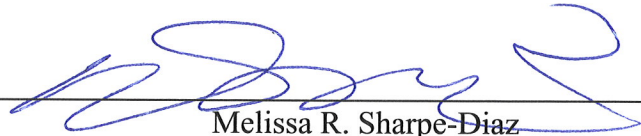
☐ Aliens lawfully present in the United States

* If an Alien lawfully present in the United States, supporting documentation will be required.



Thomas D. Diaz, III

Date: 2/9/18



Melissa R. Sharpe-Diaz

Date: 2/9/18

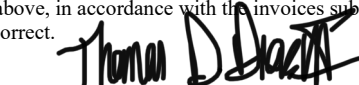

Incorporated Business, Farm or Nonprofit Organizations

I certify that I have signature authority for this entity and such entity is lawfully incorporated under the applicable state's laws and authorized to conduct business within the United States.

Claimant

Date: _____

CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Thomas D. Diaz and Melissa R. Sharpe-Diaz		Parcel No: 5		County: Williamson
		ROW CSJ: N/A		Project No.: N/A
<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sign <input type="checkbox"/> Other				
2. Address of Property Acquired by State: 656 CR 176 Georgetown, TX 78628 Claimant's Telephone No.: 703-362-0039		3. Address Moved To: 401 CR 226 Florence, TX 76527		
4. Occupancy of Property Acquired by State: From (Date): 2013 To (Date of Move): 8/20/21 <input checked="" type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant		5. Distance Moved: 25 Miles		
6. Controlling Dates		7. Mover's Name and Address: Eagle Towing & Recovery, Inc. 2305 W Howard Ln Austin, TX 78728		
a. First Offer in Negotiation	10	12	9. Amount of Claim:	
b. Date Property Acquired	10	23	a. Moving Expenses	\$1,380
c. Date Required to Move	11	26	b. Reestablishment Expenses	\$N/A
8. Property Storage From (Date): N/A To (Date of Move): N/A			c. Searching Expenses	\$N/A
Place Stored (Name and Address): N/A			d. Tangible Property Loss	\$N/A
10. Temporary Lodging (attach explanation) From (Date): N/A To (Date of Move): N/A			e. Storage	\$N/A
			f. <u>Temporary Lodging</u>	<u>\$N/A</u>
			g. Total Amount	\$1,380
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all property was moved and installed at the address shown in Block 3, above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and correct.				
<div style="text-align: center;">  _____ Thomas D. Diaz </div> <div style="text-align: center;">  _____ Melissa R. Sharpe-Diaz </div>				
Date of Claim: 8/30/21				
Spaces Below to be Completed by State				
I certify that I have examined this claim and substantiating documentation attached herewith, and have found it to be true and correct and to conform with the applicable provisions of State law. All items are considered to be necessary reasonable expenses and this claim is recommended for payment as follows: Amount of \$ 1,380 Date 8/30/21				
_____ Approved by:				

AGREEMENT FOR DIRECT PAYMENT TO VENDOR

County: Williamson
Highway: CR 176
Parcel: 5

The undersigned displacee hereby agrees that payment for relocation services identified on the attached scope of work will be made to Darryl Flood Workplace Services. This agreement is void without a signed scope of work attached. Sheets & Crossfield, P.C. reserves the right and responsibility of determining the "reasonable and necessary" charges for the move as is customary in the industry. Darryl Flood Workplace Services understands anything not included in the attached scope of work must be pre-approved by Sheets & Crossfield, P.C. in order to ensure its eligibility for reimbursement. Vendor understands that the Sheets & Crossfield, P.C. will not be able to make any reimbursements for the pre-approved scope of services until displacee authorizes release of the payment.


Displacee's Signature

6/8/2021

Date

Melissa SharpeDiaz

Displacee's Name (Printed)


Vendor's Signature

Date

Vendor's Name (Printed)


Sheets & Crossfield, P.C. Signature

6/8/2021

Date

Lisa Dworaczyk

Sheets & Crossfield, P.C. Name (Printed)