

CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Raymond & Pamela Cabtrell		Parcel No: 45		County: Williamson
		ROW CSI: 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: 901 Stubbelfield Ln., Liberty Hill, TX 78642-4253 Telephone No.: [REDACTED]		3. Address Moved To: 3697 County Road 106 Llano, TX 78643		
4. Occupancy of Property Acquired by State: From (Date): 1984 To (Date of Move): 4/30/2021		5. Distance Moved: Miles		
<input checked="" type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant		7. Mover's Name and Address: Daryl Flood Relocation Inc. 2401 Double Creek Drive Round Rock, TX 78664		
6. Controlling Dates		9. Amount of Claim:		
a. First Offer in Negotiation	Mo. 10	Day 5	Yr. 2020	a. Moving Expenses \$6,355.00
b. Date Property Acquired	03	05	2021	b. Reestablishment Expenses \$
c. Date Required to Move	04	30	2021	c. Searching Expenses \$
8. Property Storage (attach explanation) From (Date): 4/14/21 To (Date of Move): 4/29/22				d. Tangible Property Loss \$
Place Stored (Name and Address): 3359 Hwy 29 Burnet, TX 78611				e. Storage \$
10. Temporary Lodging (attach explanation) From (Date): To (Date of Move):				f. Temporary Lodging \$
				g. Total Amount \$6,355.00
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.				
Date of Claim: 5/3/22 <div style="float: right; text-align: right;"> Claimant Claimant </div>				
Spaces Below to be Completed by Williamson County				
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 \$ 6,355.00				
Date		Right of Way Manager		



AGREEMENT FOR DIRECT PAYMENT TO VENDOR

County: Williamson
ROW CSJ: N/A
Highway: Liberty Hill Bypass Project
Parcel: 45

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

Raymond Cantrell Pamela Cantrell
Displacee's Signature

4-1-21
Date

Raymond Cantrell Pamela Cantrell
Displacee's Name (Printed)

Kelly Wojcicki
Vendor's Signature

4/2/21
Date

Kelly Wojcicki
Vendor's Name (Printed)

Lisa Dworaczyk
Williamson County Project Manager Signature

4/5/2021
Date

Lisa Dworaczyk
Williamson County Project Manager Name (Printed)



Daryl Flood Suddath Relocation Systems

815 South Main St. Suite 163
Jacksonville, FL 32207

904-390-7100

Invoice Date: 5/2/2022
Invoice #: 739372
Order #: 441-6063-22
Customer #: 91252

Amount Due: \$6,355.00
Due Date: 6/1/2022
After 6/1/2022 pay: \$6,450.33

Amount Paid: \$ _____

Right of Way of Texas, LLC
Attn: lmiller7366@gmail.com
Laurie Miller
Williamson County/Liberty Hill

Remit To:
Daryl Flood Suddath Relocation Systems
815 South Main St. Suite 163
Jacksonville, FL 32207
904-390-7100

Please detach and return this portion with your payment. Thank you.

Invoice Date: 5/2/2022
Invoice #: 739372
Order #: 441-6063-22
Customer #: 91252

Daryl Flood Suddath Relocation Systems
815 South Main St. Suite 163
Jacksonville, FL 32207
904-390-7100

Load Date: 4/27/2022

Remit To:

Daryl Flood Suddath Relocation Systems
815 South Main St. Suite 163
Jacksonville, FL 32207
904-390-7100

Delivery Date: 4/28/2022

Shipper: Cantrell, Pam	Salesperson: Russell, Wayne	Hauled Wt:	Miles: 100
From: 3359 TX Hwy 29 E (We moved them there) BURNET, TX 78611 United States of America	To: 3697 County Rd 106 LLANO, TX 78643 United States of America	Tariff: Intra	

Item #	Description	Quantity	Quantity	Rate	Gross	Discount	Amount
	Transportation- 13247 lbs.				\$5,355.00		\$5,355.00
	Fuel Surcharge				\$150.00		\$150.00
	Valuation- Full Value				\$502.00		\$502.00
	Unpacking				\$48.00		\$48.00
	Moving Safe- 450 lbs				\$200.00		\$200.00
	Mini Storage Fee				\$100.00		\$100.00

Amount Due: \$6,355.00

Due Date: 6/1/2022

After 6/1/2022 pay: \$6,450.33

Thank you for your business and prompt payment! We are looking forward to providing you moving services again.

CERTIFICATION OF ELIGIBILITY

Project: Liberty Hill Bypass
Parcel: 45
Displacee: Raymond and Pamela Cantrell

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.

Pamela Cantrell
Claimant

Date: 11-4-20

Raymond Cantrell
Claimant

Date: 11.4.20

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: