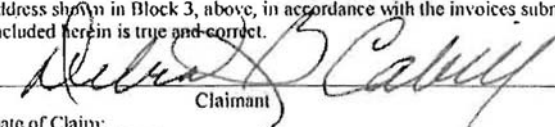
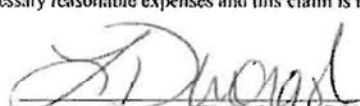


CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Debra Cahill			Parcel No: 110 ROW CSJ: 0440-02-012	
County: Williamson Project No.: N/A				
<input type="checkbox"/> Residence <input checked="" 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: 51 Bonnet Lane, Georgetown, TX Claimant's Telephone No.: 512-869-1544			3. Address Moved To: 407 N. Patterson/Hwy. 195; Florence, TX	
4. Occupancy of Property Acquired by State: From (Date): 8/2000 To (Date of Move): 11/15/2011 <input checked="" type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant			5. Distance Moved: 15 Miles 7. Mover's Name and Address: CalBar 407 N. Patterson, Florence, TX	
6. Controlling Dates			9. Amount of Claim:	
a. First Offer in Negotiation	Mo. 2	Day 24	Yr. 2010	a. Moving Expenses \$4,000.00
b. Date Property Acquired				b. Reestablishment Expenses \$
c. Date Required to Move	11	15	2011	c. Searching Expenses \$
8. Property Storage (attach explanation) From (Date): To (Date of Move): Place Stored (Name and Address): 10. Temporary Lodging (attach explanation) From (Date): To (Date of Move):				d. Tangible Property Loss \$ e. Storage \$ f. Temporary Lodging \$ g. Total Amount \$4,000.00
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.				
 Claimant			Claimant	
Date of Claim: _____				
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 \$ <u>4,000</u> <u>11-30-11</u> <div style="display: flex; justify-content: space-between;"> Date  Sheets & Crossfield </div>				

NEGOTIATED SELF-MOVE REQUEST

Print or Type All Information - Read Rules on Reverse Side			
1. Property Owner's Name: Nails, Etc./Debra Cahill		Parcel No.: 110 ROW CSJ: 0440-02-012	County: Williamson Project No.: N/A
2. Name and Address of Applicant: 51 Bonnet Lane, Georgetown, TX Telephone No.: 512-869-1544		3. Place of Relocation (Address): 407 N. Patterson/Hwy. 195; Florence, TX	
4. Occupancy of Property Acquired by State: From (Date): 8/2000 To (Date of Move): <u>11-15-2011</u>		5. Type Activity/Property to be Moved: Nail salon	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> Business <input type="checkbox"/> Advertising Sign <input type="checkbox"/> Farm <input type="checkbox"/> Other <input type="checkbox"/> Nonprofit Organization		6. Value of Property to be Moved: \$ <u>50,000</u>	
8. Time Required to Move: <u>5</u> Hours; <u>7</u> Day(s)		7. Distance of Move: Yards; 15 Miles	
		9. Amount Requested for Self-Move: \$4,000.00	
10. Notification has been received to move from State-acquired property and authorization is requested for a self-move of all personal property from the parcel at a cost not to exceed the amount shown in Block 9. Enclosed with this request is a list of all property to be relocated together with a tabulation of items requiring special handling, disconnection and reinstallation, plus special equipment and packing materials essential for the completion of this move. I certify that all information attached hereto or included hereon is true and correct. I further certify that all property shown on the attached listing will be moved to, and installed at, the address shown in Block 3 above in accordance with the terms under which the self-move payment is authorized.			
Date: <u>11-15-2011</u>		<u><i>Debra Cahill</i></u> Applicant's Signature <u><i>Owner</i></u> Title or Position (Owner, Manager, etc.)	
Spaces Below to be Completed by State			
11. Controlling Dates	Mo.	Day	Yr.
a. First Offer in Negotiations	2	24	2010
b. Property Acquired by State			
c. Required to Move	11	15	2011
		12. Cost estimates (copies attached)	
		a. High Commercial Estimate \$6,635.00	
		b. Low Estimate or Dept. Cost Finding \$4,000.00	
I have prepared and examined this request and all supporting documentation and recommend <input checked="" type="checkbox"/> approval <input type="checkbox"/> denial.			
<u>11-21-11</u> Date		<u><i>Maguedschek</i></u> Preparing Right of Way Agent	
I have examined this request and supporting documentation and:			
<input checked="" type="checkbox"/> Recommend a payment of \$ 4,000.00. <input type="checkbox"/> Find that payment cannot be authorized because (List reasons payment cannot be authorized. Use extra page if necessary)			
<u>11-30-11</u> Date		<u><i>Sheets & Crossfield</i></u> Sheets & Crossfield	
Payment is approved in the amount of \$ <u>4,000</u>			
Date: _____		By: <u><i>[Signature]</i></u> <u>11-12-11</u> *Judge Dan A. Gattis	
*Amount exceeding \$20,000 requires ROW Division approval.			

