



## Memo

Date: September 14, 2021

Project: Liberty Hill ByPass

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

From: Laurie Miller, R/W-RAC, R/W-URAC

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Subject: Parcel Park - Loza – Commercial Mover Payment Request

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Please find the request for payment for commercial mover in the amount of \$10,772.00(Outside of Residence). Enclosed are the following documents:

- Direct Payment to Vendor
- Commercial Move Estimate
- Commercial Movers Final Invoice
- Commercial Movers W-9 Form
- R-99 Claim Form
- Copy of the Certification of Eligibility

Should any additional information be needed to process this request, please contact me at 512-413-4012 or by email at [lmiller@pinnaclegroup.biz](mailto:lmiller@pinnaclegroup.biz).

Respectfully,

*Laurie Miller*

Laurie Miller, R/W-RAC, R/W-URAC  
Relocation Agent

**AGREEMENT FOR DIRECT PAYMENT TO VENDOR**

County: Williamson  
ROW CSJ: N/A  
Highway: N/A  
Parcel: Park

The undersigned displacee hereby agrees that payment for relocation services identified on the attached scope of work will be made to Austin Commercial Movers, 5401 May's Street # 615, Georgetown, TX 78626. 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. Fidel Loza 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.

Fidel M. Loza  
Displacee's Signature

07-28-2021  
Date

Fidel G. Loza  
Displacee's Name (Printed)

[Signature]  
Vendor's Signature

7/30/2021  
Date

Anthony Stephenson  
Vendor's Name (Printed)

Lisa Dworaczyk  
Williamson County Project Manager Signature

8/10/21  
Date

Lisa Dworaczyk  
Williamson County Project Manager Name (Printed)



22. with the commercial or warehousing services which are described in the proposal which has been provided by ACS to Customer. Charges for services provided by ACS shall be determined and paid by Customer in accordance with the rate and payment information which is contained in the "Proposal" and listed below.

**Exhibit A:**

Origin: [REDACTED]

Destination: [REDACTED]

**Scope:**

Arrive at 8am, load flatbed with forklift, all metal sheets. Palletize all bricks and shrink wrap load onto the flat bed. Load all structural beams for portable parking garage and 36' long sheet metal onto flatbed. All debris will be loaded onto bobtails. Three large Iron bar b q pits weighing over 2000lbs each will be relocated to the destination; ACM will load a large tractor to be transported to the destination.

Dispatch 1					(hourly rates)
Labor Type	Price	Quantity	Hours	Item Total	
Supervisor	\$35.00	1	10	\$	350.00
Class A Driver	\$54.00	1	10	\$	540.00
Driver	\$35.00	2	10	\$	700.00
Mover	\$34.00	6	10	\$	2,040.00
Bobtail	\$33.00	2	10	\$	660.00
Tractor/Trailer	\$50.00	1	10	\$	500.00
Fuel	\$50.00	4	1	\$	200.00
TOTAL				\$	4,990.00

**Materials:**

Stretch wrap	6 rolls	\$162.00
Pallets	25 4x4 wood pallets	\$375.00
Flat bed trailer	1 10 hours	\$250.00
All terrain forklift delivery/pick up at origin		
(Delivery fee for delivery and pick up of FL).		\$850.00
All terrain Forklift delivery/pickup at destination		
(Delivery fee for delivery and pick up of FL).		\$850.00
Origin All terrain Forklift rental 10 hours		
(Ten Hours of rental time on Machine).		\$1,500.00
Destination All Terrain Forklift destination 10 hours		
(Ten Hours of rental time on Machine).		\$1,500.00
Fuel (each forklift Machine).		\$295.00
Total:		\$5,782.00

**Grand Total: 10,772.00**

Austin Commercial Movers

5401 May Street, #615  
Georgetown, TX 78626 US  
512-635-5835  
tony@austincommercialmovers.com

INVOICE

BILL TO  
Attn: Laurie Miller  
Williamson County Liberty Hill Park Parcel

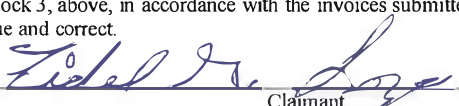

INVOICE 1003  
DATE 09/01/2021  
TERMS Net 30  
DUE DATE 09/01/2021

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
Line Haul	palatize and relocate 6000 bricks, 4 cast iron bar-b-q pits weighing 600lbs each, a portable carport, and assorted hard ware. a large tractor, and golf carts.	1	10,772.00	10,772.00

BALANCE DUE \$10,772.00



## CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Fidel Loza		Parcel No: Park		County: Williamson
		ROW CSJ: N/A		Project No.: N/A
<input type="checkbox"/> Farm		<input type="checkbox"/> Sign <input type="checkbox"/> Other		
[Redacted]		[Redacted]		
[Redacted]		5. Distance Moved: Approx. 8.5 Miles		
[Redacted] (Date of Move): 1984 9/1/2021		7. Mover's Name and Address: Austin Commercial Movers 5401 May's Street # 615 Georgetown, TX 78626		
<input checked="" type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant				
6. Controlling Dates	Mo.	Day	Yr.	
a. First Offer in Negotiation	06	09	2021	
b. Date Property Acquired	07	29	2021	
c. Date Required to Move	09	30	2021	
8. Property Storage (attach explanation) From (Date): N/A To (Date of Move): N/A		9. Amount of Claim:		
Place Stored (Name and Address): N/A		a. Moving Expenses \$ 10,772.00		
		b. Reestablishment Expenses \$		
		c. Searching Expenses \$		
		d. Tangible Property Loss \$		
		e. Storage \$		
		f. Temporary Lodging \$		
10. Temporary Lodging (attach explanation) From (Date): N/A To (Date of Move): N/A		g. Total Amount \$10,772.00		
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				
Date of Claim: _____ Claimant				
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 \$ 10,772.00.				
Sep 21, 2021		 Bill Gravell (Sep 21, 2021 13:27 CDT)		
Date		Williamson Co. Judge		



## CERTIFICATION OF ELIGIBILITY

ROW CSJ: *N/A*

Parcel: *Park*

Displacee: *Fidel Loza*

### 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.

*Fidel Loza*  
Claimant

Date: *06-25-21*

\_\_\_\_\_  
Claimant

Date:

### 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: