MISSOURI DEPARTMENT OF TRANSPORTATION

RIGHT OF WAY DIVISION

**RIGHT OF WAY ACQUISITION PAYMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Job No | | |  | | | | | | County | | |  | | | | | | | | | | Route | | |  | | | Parcel | | |  | | | | |
| No. of Parcels Acquired | | | | | | | |  | | | | | | Negotiated | | | |  | | | Award | | | |  | | | Judgment | | | | |  | | |
| Case No. | | | |  | | | | | | MHTC Vs. | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Exception of | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TYPE AND AMOUNT OF PURCHASE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Regular Purchase | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 2. Excess | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 3. Uneconomic Remnant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 4. Permanent Easement *(Object 2820, Sub-Object 05) (Fixed Asset “P”)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 5. Temporary Easement  *(Constr., Borrow, Waste, etc.) (Object 2820, Sub-Object 05) (Fixed Asset “O”)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 6. Other:  ($      )    ($      ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 7. Total Lines 1 thru 6 | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | $ | | 0.00 | |
| 8. Award Previously Paid into Court | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | |  | |
| 9. Amount of Check (Line 7 less line 8) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | 0.00 | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK PAYABLE TO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1099-S REPORTABLE BY MoDOT (Required)  Yes  No If yes, a 1099S Form must be added in RWPA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The undersigned certifies the above information has been checked against this district’s records and it is a just and correct payment.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | |
| Title | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO BE COMPLETED BY THE DISTRICT RIGHT OF WAY UNIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line | | Fixed Asset | | | Fund | | Agency | | | | Org. | | Appr. Unit | | | Object | | | | Sub-Obj | | | | Activity | | | Amt. | | | | | | | | FMS Job No. |
| 01 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
| 02 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
| 03 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
| 04 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
| 05 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
| 06 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
| 07 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
| 08 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
| 09 | |  | | | 0320 | | 605 | | | |  | | 4403 | | |  | | | |  | | | |  | | | $ | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO BE COMPLETED BY THE CONTROLLER’S DIVISION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Payee is same as on document | | | | | | | | | | | | | | | |  | | Amount is same as on document | | | | | | | | | | | | | | | | |
|  | Distribution on code block is correct | | | | | | | | | | | | | | | |  | | Parcel numbers, parcel count, and payment type entered on PVQ document | | | | | | | | | | | | | | | | |
|  | Document is certified | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Checked by | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |