MISSOURI DEPARTMENT OF TRANSPORTATION

RIGHT OF WAY DIVISION

**RIGHT OF WAY ACQUISITION PAYMENT**

|  |  |
| --- | --- |
| Submitted by:       | Date:       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job No: |       | Suffix: |  | County: |       | Route: |       | Parcel: |       |
| No. of Parcels Acquired |       | Negotiated [ ]  | Award [ ]  | Judgment [ ]  |
| Case No. |       | MHTC Vs. |       |
| Exception of  |       |
| **Type of Payment:** [ ]  **Regular** [ ]  **Relocation** |
|  [ ]  **Prorata** [ ]  **Condemnation** |
| **TYPE AND AMOUNT OF PURCHASE** |
| 1. Regular Purchase | ***Square Feet:***        | $ |       |
| 2. Excess | $ |       |
| 3. Uneconomic Remnant | ***Square Feet:***       | $ |       |
| 4. Permanent Easement *(Object 2820, Sub-Object 05) (Fixed Asset “P”)* | ***Square Feet:***       | $ |       |
| 5. Temporary Easement *(Constr., Borrow, Waste, etc.) (Object 2820, Sub-Object 05) (Fixed Asset “O”)* | ***Square Feet:***       | $ |       |
| 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 |
| **Property Owner [ ]  or Tenant [ ]  Name:**       |
| **CHECK PAYABLE TO**:       |
| **Vendor Number:**       |
| **Vendor Address:**       |
| **1099-S REPORTABLE BY MoDOT** **(Required)** [ ]  **Yes** [ ]  **No** **If yes, the 1099S page must be added in RWPA.** |
| **Forms attached:**  | **Admin. Settlement** [ ]  | **Claim Form** [ ]  | **Deed** [ ]  | **Purchase Agreement [ ]**  | **Escrow Agreement [ ]**  | **Legal Documents [ ]**  |
| **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 |       |
| 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 |  |  |  | $ |       |       |
| Additional Comments:  |
|       |
|  |
|  |
| TO BE COMPLETED BY FINANCIAL SERVICES |
| [ ]  | 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 |