



MISSOURI DEPARTMENT OF TRANSPORTATION
 RIGHT OF WAY DIVISION
RIGHT OF WAY ACQUISITION PAYMENT

Submitted by:				Negotiator:				FS:	
Job No:				County:		Route:		Date:	
Suffix:		District:		Parcel:					
No. of Parcels Acquired			Negotiated <input type="checkbox"/>			Award <input type="checkbox"/>		Judgment <input type="checkbox"/>	
Case No.		MHTC Vs.							
Exception of									
Type of Payment:		<input type="checkbox"/> Regular		<input type="checkbox"/> Relocation					
		<input type="checkbox"/> Prorata		<input type="checkbox"/> Condemnation					
TYPE AND AMOUNT OF PURCHASE									

1. Regular Purchase	Square Feet:	\$	
2. Excess		\$	
3. Uneconomic Remnant	Square Feet:	\$	
4. Permanent Easement (<i>Object 2820, Sub-Object 05</i>) (Fixed Asset "P")	Square Feet:	\$	
5. Temporary Easement (Fixed Asset "O")	Square Feet:	\$	
6. Relocation Costs		\$	
7. Other:	(\$)		
	(\$)		
	(\$)		
8. Total Lines 1 thru 7		\$	
9. Award Previously Paid into Court		\$	
10. Amount of Check (Line 8 less line 9)		\$	

Property Owner or Tenant Name:

CHECK PAYABLE TO:

VENDOR NUMBER – Only last 4 digits of SS# for individuals/ Last 6 digits for all others of SS# or TIN.

VENDOR ADDRESS:

1099-S & 1099-I (Only) REPORTABLE BY MoDOT Yes No If yes, the 1099 tab must be completed in RWPA.

Forms attached:	Admin. Settlement <input type="checkbox"/>	Claim Form <input type="checkbox"/>	Deed <input type="checkbox"/>	Purchase Agreement <input type="checkbox"/>	Escrow Agreement <input type="checkbox"/>	Legal Documents <input type="checkbox"/>
-----------------	--	-------------------------------------	-------------------------------	---	---	--

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					R341	\$	
02		0320	605					R341	\$	
03		0320	605					R341	\$	
04		0320	605					R341	\$	
05		0320	605					R341	\$	
06		0320	605					R341	\$	

Additional Comments:

TO BE COMPLETED BY FINANCIAL SERVICES

<input type="checkbox"/> TMS Entered	<input type="checkbox"/> Executive Committee Approval Needed