

EXHIBIT 10-K SAMPLE REPORT OF COMPLETION OF RIGHT OF WAY EXPENDITURES

District Director of Transportation
Caltrans

Date:

Attention: District Local Assistance Engineer

Subject:

Dear

Submitted for your consideration is:

**REPORT OF COMPLETION
AND
REPORT OF EXPENDITURES
FOR LOCAL AGENCY RIGHT
OF WAY**

Sincerely,

Local Agency Representative

Reviewed by,

District Local Assistance Engineer

I. REPORT OF COMPLETION OF RIGHT OF WAY

A. Location and Description of Project

1.

B. Chronological Statement

- 1. _____
- 2. _____
- 3. _____

II. REPORT OF EXPENDITURES OF RIGHT OF WAY

- A. _____
- B. _____
- C. _____
- D. _____

IV. I certify that to the best of my knowledge and belief the above data is correct; that adequate title to the necessary right of way has been acquired for the herein above described federal-aid project in the name of the _____, for the amount of just compensation based on bona fide appraisals duly qualified as required by the right of way procedures of the Federal Highway Administration and other written justification now contained in the City/County files, in accordance with procedures as submitted to and accepted by the Director.

I further state that this certification is made in my official capacity as _____, pursuant to Section 121 of Title 23, United States Code, for the purpose of securing, pursuant thereto, by the _____ federal-aid funds in connection with the above designated federal-aid highway project, and that neither I nor, to the best of my knowledge, any other officer, agent or employee of the City/County authorized in an official capacity to perform services in connection with the appraisal or acquisition of any of such right of way has any interest or contemplates any benefit from any transaction which involved the acquisition of property for right of way for such project, other than as herein disclosed.

Signature of Local Agency Representative

Phone Number

Title

Date

SAMPLE FINAL REPORT OF RIGHT OF WAY EXPENDITURES

Project Nos.: - _____

Federal No: _____

State No (EA): _____

Local Agency: _____

Agreement No: _____

	<u>Participating</u>	<u>Non- Participating</u>	<u>Total</u>
I. Project Costs			
1. Capital Costs			
Acquisition	_____	_____	_____
RAP	_____	_____	_____
Utility Relocation	_____	_____	_____
Other	_____	_____	_____
Total Capital	_____	_____	_____
2. Incidental	_____	_____	_____
3. Subtotal	_____	_____	_____
4. Less Rental & Sales Income	_____	_____	_____
5. Project Total	_____	_____	_____
II. RAP: Business	_____		
III. Family	_____		
III. A.			
B. Parcel List: <u>See attached</u>			

FINAL INVOICE

RIGHT OF WAY

District Director of Transportation
Caltrans

Attention:
District Local Assistance Engineer

Billing No:
Invoice No:
Federal-Aid Project No:
Tax Identification No:
Project Completion Date:
Date Project Accepted by City/County:
Project Location:

Reimbursement for federal funds is claimed pursuant to Local Agency-State Agreement No. _____
Program Supplement No. _____, executed on _____.

	Total
_____	_____
Federal Appropriations Code	
District - Expenditure	
Authorization No. Federal	
Federal participating costs from	
to	
Federal-aid Agreement Amount	
Total Costs	
Less: Rental Income	
Nonparticipating Costs	
Federal Participating Costs to Date	_____
Less: Participating Costs on	
Previous Invoice	_____
Change in Participating Costs	
Reimbursement Ratio	
Amount of this claim	_____

INVOICE TOTAL:

Note: When multiplying "Change in Participating Costs" by "Reimbursement Ratio," the result is rounded to the lowest cent. Federal rules do not allow rounding up.