STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES

CLAIM FOR ACTUAL MOVING EXPENSE  
(DWELLING, BUSINESS, OR FARM)

PROJECT NAME: _________________________
STATE PROJECT #: _____________________
FEDERAL-AID PROJECT #: __________________
PARCEL #: ___________   UNIT #: __________

Claim must be filed within 18 months after move is complete or claimant receives final payment for acquisition of the property, whichever is later. Relocation payments are not considered income for the purposes of state or federal income tax, personal or corporate (See 49 C.F.R. 24.209).

PRINT OR TYPE INFORMATION

Name of Claimant: ___________________________________________________________________
Name of Business: __________________________________________________________________
Address moved from:  __________________________________________________________________
Claimant’s Phone Number: ____________________
Date of Move: __________________________
Address moved to: __________________________________________________________________
Mover’s name, address, and phone number: _____________________________________________

Distance Moved: _______ miles
Total amount of claim (Attach Form 25A-R750, Tabulation of Actual Moving Expenses): $ _____

I hereby certify that the foregoing claim is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the claim has been paid. I further certify that I am (check the one that applies):

☐ a citizen of the United States  ☐ an alien lawfully present in the United States

There are ____ other family members who reside with me, as follows:

____  are citizens of the United States  ____  are aliens lawfully present in the United States
____  are illegal aliens

Type of Business

☐ Sole Proprietorship or Partnership

Please Indicate the Number of Owners Citizens Aliens Lawfully Present

□ Corporation

Name of corporation: _______________________________. I certify that this corporation is established pursuant to State law and is authorized to conduct business in the United States.

Date of Claim: ______________________ Claimant’s signature: ________________________________

INSPECTION REPORT

Both the address moved from and the address moved to were inspected on ______________________, 2_____. The property shown on the inventory was moved as agreed upon. Payment of the above amount is recommended.

Date: ______________________ Right-of-Way Agent’s signature: ________________________________