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| **Project Title:** | **Parcel No.:** |
| **Displaced Business Name:** | **Displacee No.:** |

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| --- | --- | --- | --- |
| ***Date*** | ***Description of Activity – i.e., Place of Search / Person Contacted / Address / Phone Numbers*** | ***Number of Search Hours*** | ***No. of Miles/ Expenses*** |
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|  | | **Total Hours**  **\_\_\_\_\_\_X $\_\_\_\_\_**  **= $** | **Total Miles**  **\_\_\_\_\_\_X $\_\_\_\_\_**  **= $** |
| **Total: $** | |

***Note:*** *Mileage rate will be calculated using the current Office of Financial Management state per diem rate. Your Relocation Specialist will provide you with the current mileage rate. The maximum payment for Replacement Site Search Costs is $5,000 per 49 CFR 24.301(g)(18) ). Search area is limited within 50 miles of the displacement location.*

**Displacee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**