

CHAPTER 3

PROGRAMMING AND BUDGETING

INTERNAL CALTRANS EXHIBITS AND FORMS

Exhibit No.

03-EX-09

Title

Right of Way Final Voucher (for internal Caltrans use)

Form No.

RW 03-01

Title

Project Development Fee/Project Specific Permit Fee
Invoice (for internal Caltrans use)

RW 03-02

Inverse Condemnation (for internal Caltrans use)

RW 03-03

Expert Witness Contract Request (for internal Caltrans use)

**Right of Way
 Final Voucher Questionnaire**

| | |
|------------------------|--|
| DISTRICT | |
| PROJECT I.D. | |
| EA | |
| FED PROJECT NO. | |
| RELATED EAs | |

| | YES | NO | N/A |
|--|-----|----|-----|
| Has construction been completed over the entire project? | | | |
| Have all R/W support costs been finalized? | | | |
| Have all R/W acquisition costs been finalized? | | | |
| Are all Rights of Entry Completed? | | | |
| Have all condemnation cases been finalized? | | | |
| Have all final utility relocation bills been paid? | | | |
| Are all JUA/CCUAs completed? | | | |
| Have Property Management activities been completed? | | | |
| Have Excess Land activities been completed? | | | |
| Have all Encumbrances been checked & disencumbered? | | | |
| Have all mitigation payments been paid? | | | |
| Are all Transfers of Jurisdiction completed? | | | |
| Have all relocation assistance payments been made? | | | |
| Have Surveys/Right of Way Engineering activities been completed? | | | |
| Have all E76s been reconciled with final costs (increase/decrease obligation)? | | | |

Please Identify:

| | |
|--|--|
| Close Phase 2 and 9 | |
| End project expenditures (M800) date | |
| Final project close out (M900) date | |
| Project End Date (for Federal projects only) | |
| Action(s) needed: | |

I agree that the data above has been verified by the Functional Senior(s).

| | | |
|---------------------|------------------|-------------|
| NAME (Print) | SIGNATURE | Date |
|---------------------|------------------|-------------|

TITLE

***Based on the data from Functional Managers
 Concurred By:***

| | | |
|---------------------|------------------|-------------|
| NAME (Print) | SIGNATURE | Date |
|---------------------|------------------|-------------|

TITLE

PROJECT DEVELOPMENT FEE/PROJECT SPECIFIC PERMIT FEE INVOICE

Lock Form

RW 03-01 (REV 04/2022)

To: _____

 From: _____

Date: _____
 Project ID/Phase: _____

District County Route Post Mile

| PAYMENT FOR | |
|---|---|
| <input type="checkbox"/> | Permit fee - attached fee schedule or agreement |
| <input type="checkbox"/> | Other : _____ |
| FOR ISSUING CHECK(S) | |
| <input type="checkbox"/> | Return to Dist. Cashier by: _____ Date in District |
| | Attn: _____ |
| <input type="checkbox"/> | Mail to payee by: _____ Date in Mail |
| CERTIFICATION OF FUNDS | |
| I hereby certify that budgeted funds are available for the Period and purpose of the expenditure shown. | |
| Signature: _____ | Date: _____ |

| PAYMENT INSTRUCTIONS | |
|----------------------|----------------|
| (1) | Permit type |
| | Payee Address |
| | Amount \$ |
| | Pmt Identifier |
| | VCUST# |
| (2) | Permit type |
| | Payee Address |
| | Amount \$ |
| | Pmt Identifier |
| | VCUST# |
| (3) | Permit type |
| | Payee Address |
| | Amount \$ |
| | Pmt Identifier |
| | VCUST# |

| REQUESTED BY | |
|--------------|-------|
| SIGNATURE | DATE |
| PRINT | PHONE |

| APPROVED BY | |
|-------------|-------|
| SIGNATURE | DATE |
| PRINT | PHONE |

| RIGHT OF WAY PLANNING AND MANAGEMENT TO COMPLETE UNSHADED FIELDS | | | | |
|--|----------------|---------|------------|--------|
| EVENT TYPE | INVOICE NO. | UNIT | PROJECT ID | PHASE |
| C501 | | | | |
| C501 | | | | |
| C501 | | | | |
| REPORTING CODE | OBJ CODE / (N) | SUB OBJ | BFY | AMOUNT |
| 6 | | G | | |
| 6 | | G | | |
| 6 | | G | | |

| | | |
|--|------|---|
| | | CT DOCUMENT NO: |
| R/W PLANNING & MANAGEMENT APPROVAL: | | ACCOUNTING NOTES: All data must be entered exactly as shown. Verify coding prior to entry into Advantage. If any change is necessary, contact R/W Planning and Management who will submit revised copy to R/W Accounting. |
| SIGNATURE | DATE | |

INVERSE CONDEMNATION

RW 3-2 (REV 10/2019)

FROM: R/W P&M MAINTENANCE MINOR

PROJECT ID _____ DATE _____

SINGLE POINT OF CONTACT _____

_____ or _____
 DIST REGION CO RTE POST MILE

PHONE # _____

R/W P&M / MAINTENANCE / MINOR PROJECT ID APPROVAL

SIGN _____ DATE _____

PRINT _____ PHONE _____

TO: REGIONAL LEGAL OFFICE: LOS ANGELES SACRAMENTO SAN DIEGO SAN FRANCISCO

ATTORNEY _____ RE: Reporting Code _____ PLAINTIFF _____

Legal - return a copy of this form when notifying Right of Way, Maintenance or Minor Programs of court dates, settlements, dismissals, and/or payment requests.

| | |
|---|--|
| <p>To: Single Point of Contact District _____</p> <p>Notifications:</p> <p><input type="checkbox"/> Amount of Claim or Exposure \$ _____</p> <p><input type="checkbox"/> Negotiated Settlement Pending: Estimated \$ _____ (Attach Request for Settlement Authority, if needed)</p> <p><input type="checkbox"/> Case Dismissed/Dropped</p> <p><input type="checkbox"/> Court Date Set : _____ Estimated Judgement: \$ _____ Anticipated Completion Date: _____</p> <p><input type="checkbox"/> Expert Witness Contract: <input type="checkbox"/> New <input type="checkbox"/> Amendment Total amount of contract w/ amendment: \$ _____ This request for \$ _____</p> <p>BFY _____ Amount \$ _____ BFY _____ Amount \$ _____ BFY _____ Amount \$ _____</p> <p>Payments:</p> <p><input type="checkbox"/> Payment request for related expenses</p> <p><input type="checkbox"/> Payment request for Negotiated Settlement (Settlement Agreement Attached)</p> <p><input type="checkbox"/> Payment request for Judgment (Court Order Attached)</p> <p><input type="checkbox"/> Payment request for Board of Control (BOC) claim</p> <p><input type="checkbox"/> Payment request for Expert Witness Contract invoice</p> | <p>INVOICE:</p> <p>This check is for payment of:</p> <p>Settlement / Court Order \$ _____</p> <p>Interest \$ _____</p> <p>Expert Witness Invoice \$ _____</p> <p>Related Expenses: _____ \$ _____</p> <p>Check Amount \$ _____</p> <p>Warrant / ORF Check to be made payable to:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>For Issuing Check:</p> <p><input type="checkbox"/> Mail to the above address by: _____ Date _____</p> <p><input type="checkbox"/> Special Handling Return to Regional Office: Attn: _____ Date: _____</p> |
| <p>Requested By:</p> <p>SIGN _____ DATE _____</p> <p>PRINT _____ PHONE _____</p> | <p>Approved By:</p> <p>SIGN _____ DATE _____</p> <p>PRINT _____ PHONE _____</p> |

RIGHT OF WAY PLANNING AND MANAGEMENT OR MAINTENANCE/MINORS TO COMPLETE UNSHADED FIELDS

| CT DOCUMENT | EVENT TYPE | UNIT | PROJECT ID | PHASE | REPORTING CODE | OBJ CODE | N | SUB OBJ | BFY | AMOUNT |
|-------------|------------|------|------------|-------|----------------|----------|---|---------|-----|--------|
| | C501 | | | | 6 | 030 | | | | |
| | C501 | | | | 6 | 170 | N | | | |
| | C501 | | | | 6 | 230 | N | | | |
| | C501 | | | | 6 | 231 | N | | | |
| | C501 | | | | 6 | 253 | N | | | |
| | C501 | | | | 6 | 043 | | | | |

VCUST# _____

ACCOUNTING PMT DOC. _____

| | |
|---|--|
| <p>R/W P&M / MAINTENANCE / MINOR PAYMENT PACKAGE APPROVAL:</p> <p>SIGN _____ DATE _____</p> <p>PRINT _____</p> | <p align="center">CERTIFICATION OF FUNDS</p> <p>I hereby certify upon my own personal knowledge that funds are available for the period and purpose of the expenditures shown Here.</p> <p>ITEM _____ CHAPTER _____ STATUTE _____ BFY _____</p> <p>PRINT _____</p> <p>SIGN _____ DATE _____</p> |
|---|--|

EXPERT WITNESS CONTRACT REQUEST

RW 3-3 (REV 05/2019)

PREPARE ONE CONTRACT REQUEST PER PARCEL

| | | |
|--|--|---|
| To: 1) R/W Expert Witness Coordinator 2) R/W Planning & Management 3) HQ Legal From: District/Region Legal Office <input type="checkbox"/> NEW CONTRACT <input type="checkbox"/> AMENDMENT | AGREEMENT NUMBER (for amendment requests) _____ | FEDERAL PARTICIPATION ON THE PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO ON THE PARCEL? <input type="checkbox"/> YES <input type="checkbox"/> NO District ____ County ____ Route ____ PM ____ Project ID _____ Parcel No. _____ |
|--|--|---|

CONTRACT SUMMARY

ATTORNEY/CONTRACT MANAGER (Print) _____ **Signature** _____
 Address _____ **Phone** _____

EXPERT WITNESS/COMPANY NAME _____ **Title** _____
 Address (PO Box or Street) _____
 City _____ State ____ Zip _____ **Vendor Customer (VC) Number** _____
 Phone _____

TERM OF CONTRACT: Start Date _____ End Date _____

COST LIMITATIONS: Total amount of contract, including amendments, shall not exceed \$ _____; total amounts authorized shall not be exceeded for the following:

| | |
|-------------------------------------|----------------------------|
| REPORT COST TOTAL \$ _____ | CONTRACT FUNDING ALLOTMENT |
| ADDITIONAL WORK COST TOTAL \$ _____ | BFY _____ \$ _____ |
| SUB-CONTRACT COST TOTAL \$ _____ | BFY _____ \$ _____ |
| TOTAL CONTRACT COST \$ _____ | BFY _____ \$ _____ |

AGREEMENT OUTLINE (Identify specific program need or other circumstances making this contract necessary)

MARK COMPLETED REPORT "ATTORNEY ONLY – CONFIDENTIAL" AND MAIL TO:

Department of Transportation
 Attention (Attorney Name) _____
 Address (PO Box or Street) _____
 City, State, Zip _____

FUNDING

| Unit | Project ID | Phase | Reporting Code | Object Code | \$\$ Amount | BFY |
|------|------------|-------|----------------|-------------|-------------|-----|
| | | | | 131 | | |
| | | | | 131 | | |
| | | | | 131 | | |

Note: Add "N" to Object Code if costs are Federally Ineligible. **TOTAL**

PLANNING & MANAGEMENT CERTIFICATION OF FUNDS
 I hereby certify upon my own personal knowledge that funds are available for the period and purpose of the expenditures shown here.

ITEM _____ **CHAPTER** _____ **STATUTE** _____ **BFY** _____
CERTIFIED BY (Print) _____ **SIGNATURE** _____ **DATE** _____