

## Chapter 5 Operations Exhibits

The Exhibits included herein are intended for reference purposes. Some of the Exhibits have been reduced in size in order to include them in this manual.

[Exhibit 5.01 State of Arizona Substitute W-9 & Vendor Authorization Form \(3 pages\)](#)

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[Exhibit 5.03 Interest Calculation Judgement](#)

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[Exhibit 5.07 Daily Recap of Receipts Received](#)

[Exhibit 5.08 Deposit by Batch #, Fund and Tracs](#)

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Exhibit 5.01 State of Arizona Substitute W-9 & Vendor Authorization Form



State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if  
 1. You are a U.S. person (including a resident alien);  
 2. You are a vendor that provides goods or services to an Arizona state agency; AND  
 3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

See instructions below or refer to the IRS instructions at [www.irs.gov](http://www.irs.gov) for details on completing this form.

<input type="radio"/> <b>Type of Request</b> (Must select at least ONE)		<input type="checkbox"/> Tax ID <input type="checkbox"/> Legal Name <input type="checkbox"/> Entity Type <input type="checkbox"/> Minority Business Indicator																											
<input type="radio"/> New Request	<input type="radio"/> New Location (Additional Mail Code)	<input type="radio"/> Change (Select the type(s) of change from the following:																											
		<input type="checkbox"/> Main Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Contact Information																											
<input type="radio"/> <b>Taxpayer Identification Number (TIN)</b> (Provide ONE Only)																													
Social Security Number (SSN) _____ - _____ - _____		OR Federal Employer Identification Number (FEIN) _____ - _____																											
<input type="radio"/> <b>Entity Name</b> Must Provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)																													
Legal Name* _____																													
<input type="radio"/> <b>Entity Type</b> Must Select One of the Following (Coding (X#) is for Internal Purposes Only)																													
<input type="radio"/> Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)		<input type="radio"/> State of Arizona employee (1E)    STATE HRIS EIN _____																											
<input type="radio"/> Corporation NOT providing health care, medical or legal services (5A)		<input type="radio"/> LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)																											
<input type="radio"/> Corporation providing health care, medical or legal services (5M)		<input type="radio"/> LLC, PLLC organized as corporation providing health care, medical or legal services (5M)																											
<input type="radio"/> Partnership, LLP or Partnership organized as LLC or PLLC (5C)		<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)																											
<input type="radio"/> An international organization or any of its agencies/instrumentalities (5U)		<input type="radio"/> Other Tax Reportable Entity (5P)    Description _____																											
<input type="radio"/> The US or any of its political subdivisions or instrumentalities (2G)		<input type="radio"/> Other Tax Exempt Entity (5H)																											
<input type="radio"/> <b>Minority Business Indicator</b> Must select one of the following (Coding (X#) is for internal purposes only)																													
<table border="0" style="width:100%;"> <tr> <td><input type="radio"/> Small Business (01)</td> <td><input type="radio"/> Small, Woman Owned Business- Hispanic (31)</td> <td><input type="radio"/> Minority Owned Business- African American (04)</td> </tr> <tr> <td><input type="radio"/> Small Business- African American (23)</td> <td><input type="radio"/> Small, Woman Owned Business- Native American (33)</td> <td><input type="radio"/> Minority Owned Business- Asian (32)</td> </tr> <tr> <td><input type="radio"/> Small Business- Asian (24)</td> <td><input type="radio"/> Small, Woman Owned Business- Other Minority (11)</td> <td><input type="radio"/> Minority Owned Business- Hispanic (74)</td> </tr> <tr> <td><input type="radio"/> Small Business- Hispanic (25)</td> <td><input type="radio"/> Woman Owned Business (03)</td> <td><input type="radio"/> Minority Owned Business- Native American (15)</td> </tr> <tr> <td><input type="radio"/> Small Business- Native American (27)</td> <td><input type="radio"/> Woman Owned Business- African American (17)</td> <td><input type="radio"/> Minority Owned Business- Other Minority (02)</td> </tr> <tr> <td><input type="radio"/> Small Business- Other Minority (05)</td> <td><input type="radio"/> Woman Owned Business- Asian (18)</td> <td><input type="radio"/> Non-Profit, IRC §501(c) (88)</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business (06)</td> <td><input type="radio"/> Woman Owned Business- Hispanic (19)</td> <td><input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business (00)</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business- African American (29)</td> <td><input type="radio"/> Woman Owned Business- Native American (21)</td> <td></td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business- Asian (30)</td> <td><input type="radio"/> Woman Owned Business- Other Minority (08)</td> <td></td> </tr> </table>			<input type="radio"/> Small Business (01)	<input type="radio"/> Small, Woman Owned Business- Hispanic (31)	<input type="radio"/> Minority Owned Business- African American (04)	<input type="radio"/> Small Business- African American (23)	<input type="radio"/> Small, Woman Owned Business- Native American (33)	<input type="radio"/> Minority Owned Business- Asian (32)	<input type="radio"/> Small Business- Asian (24)	<input type="radio"/> Small, Woman Owned Business- Other Minority (11)	<input type="radio"/> Minority Owned Business- Hispanic (74)	<input type="radio"/> Small Business- Hispanic (25)	<input type="radio"/> Woman Owned Business (03)	<input type="radio"/> Minority Owned Business- Native American (15)	<input type="radio"/> Small Business- Native American (27)	<input type="radio"/> Woman Owned Business- African American (17)	<input type="radio"/> Minority Owned Business- Other Minority (02)	<input type="radio"/> Small Business- Other Minority (05)	<input type="radio"/> Woman Owned Business- Asian (18)	<input type="radio"/> Non-Profit, IRC §501(c) (88)	<input type="radio"/> Small, Woman Owned Business (06)	<input type="radio"/> Woman Owned Business- Hispanic (19)	<input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business (00)	<input type="radio"/> Small, Woman Owned Business- African American (29)	<input type="radio"/> Woman Owned Business- Native American (21)		<input type="radio"/> Small, Woman Owned Business- Asian (30)	<input type="radio"/> Woman Owned Business- Other Minority (08)	
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<input type="radio"/> Small, Woman Owned Business- Asian (30)	<input type="radio"/> Woman Owned Business- Other Minority (08)																												
<input type="radio"/> <b>Main Address</b> Where tax information and general correspondence is to be mailed		<input type="radio"/> <b>Remittance Address</b> Where payment is to be mailed <input type="checkbox"/> Same as Main																											
DBA/Branch/Location _____		DBA/Branch/Location _____																											
Address _____		Address _____																											
City _____ State _____ Zip code _____		City _____ State _____ Zip code _____																											
<input type="radio"/> <b>Vendor Contact Information</b>																													
Name _____ Title _____																													
Phone # _____ Ext. _____ Fax _____ Email _____																													
<input type="radio"/> <b>Certification</b> <input type="checkbox"/> Exempt from backup withholding																													
Under Penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND 3. I am a U.S. person (including U.S. resident alien). Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.																													
Signature _____ Title _____ Date _____																													
STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION    VENDOR: DO NOT WRITE BELOW THIS LINE																													
State HRIS EIN _____ Print Name _____ Signature _____																													
AGY _____ Title _____ Phone # _____ Email _____ Date _____																													
STATE OF ARIZONA GAO USE ONLY    VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE																													
<input type="checkbox"/> IRS TIN Matching <input type="checkbox"/> Corporation Commission		Vendor Number _____ Processed by _____ Date Processed _____																											
<input type="checkbox"/> HRIS <input type="checkbox"/> GAO-03 <input type="checkbox"/> Other																													

## Exhibit 5.01 State of Arizona Substitute W-9 & Vendor Authorization Form (page 2 of 3)

### Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

#### General instructions:

1. Form GAO-W-9 should be completed by computer (electronically).
2. Vendor must type or legibly print all 'Required' fields and submit to the State of Arizona agency they do business with for their review and authorization of the form.

#### Specific instructions:

##### Type of Request

Select the type of request being made. Select only one, the choices are: 1) New Request, 2) New Location or 3) Change. If selecting Change, please identify what fields have changed since the previous submission. Check all changes that apply: Tax ID, Legal Name, Entity Type, Minority Business Indicator, Main Address, Remittance Address or Contact Information.

##### Taxpayer Identification Number (TIN)

###### Social Security Number (SSN) OR Federal Employer Identification Number (FEIN)

Required. Enter your 9 digit Social Security Number (SSN) OR Federal Employer Identification Number (FEIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA).

##### Entity Name

###### Legal Name

Required. Enter the name corresponding to the TIN given. Name must be the same as registered with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

- **Individuals:** Enter First Name, Middle Name, Last Name
- **Sole Proprietorships:** Enter First Name, Middle Name, Last Name
- **ALL Others:** Enter Legal Name of the Business.

##### Entity Type

Required. Check only ONE entity type for the TIN given. If State of Arizona employee is selected, you must provide your State of Arizona Human Resources Information Solution (HRIS) Employee Identification Number (EIN). Board Members should select State of Arizona employee only if they have a State of Arizona HRIS EIN, otherwise select Individual/Sole Proprietor. If "Other" is selected, please provide a Description for your business.

##### Minority Business Indicator

Required. Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority or Non-Women Owned Business (00). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the following web site:  
<http://www.azcommerce.com/BusAsst/SmallBiz/SBS/K1/Home.htm>

**Main Address-Required and Remittance Address-Optional** Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

###### Doing Business As (DBA)\Branch\Location

Optional. For the remittance address, enter a DBA, branch name or location, if applicable. Also enter any continuation of the Name or Business Name if needed.

## Exhibit 5.01 State of Arizona Substitute W-9 & Vendor Authorization Form (page 3 of 3)

### Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

**Main Address cont.-Required and Remittance Address-Optional** Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

**Address**

Required. Enter under the 'Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

**City**

Required. Enter your city.

**State**

Required. Select your state from the drop-down list. If you are using an address outside of the U.S., select XX-Foreign address.

**Zip code**

Required. Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

**Contact Information-Required**

**Name**

Required. Enter contact name. The person indicated will be contacted for payment related questions or issues.

**Title**

Optional. If the form is completed on behalf of a business, please enter your title.

**Phone#**

Required. Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

**EXT**

Optional. Enter the contact's phone number extension, if applicable.

**email**

Optional. Enter the contact's email address. Must be in the format: email@address.com.

**Fax**

Optional. Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

**Certification**

**Exempt from backup withholding**

Optional. Check box if you are exempt from backup withholding (Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

**Signature**

Required. Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

**Title**

Required. Enter the title of the person who signed/certified the form.

**Current Date**

Required. This field will default to the current date if form is completed electronically.

**Do not complete any remaining fields; they are reserved for use by the State of Arizona.**

**Additional Information**

For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: [www.irs.gov](http://www.irs.gov).

GAO-W-9 Revised 01/2010

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**Exhibit 5.03 Interest Calculation Judgment**



Arizona Department of Transportation  
Right of Way Group

**Computation of Interest**

CONDEMNATION JUDGMENT INFORMATION		
JUDGMENT PAYABLE TO:	_____	
STREET ADDRESS:	_____	
CITY, STATE, ZIP CODE:	_____	
VENDOR NUMBER:	_____	
PLAINTIFF v. DEFENDANTS:	_____	
CASE NUMBER:	_____	
PROJECT NUMBER:	FEDERAL FUNDED PROJECT?	YES

JUDGMENT- INTEREST CALCULATION INFORMATION	
--	--

Parcel: \_\_\_\_\_ Invoice#: \_\_\_\_\_  
Unpaid Judgment: \_\_\_\_\_ Inv Date: \_\_\_\_\_

Beg. Date	Ending Date	Rate	Days	Amount	Interest
			1	\$	-
			1	\$	-
Sub-total: \$					-
Accumulated Interest : \$					-
Unpaid Judgment : \$					-
Total Payable : \$					-

ACCOUNTING LINE						
LINE	FUNCTION	ACTV	DEPT OBJ	PROGRAM	AMOUNT	
01	494511	AR22	8111 65	0	\$	-
02	494511	AR22	8111 37	0	\$	-
Total						\$0.00

CODED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ GAE \_\_\_\_\_ Date: \_\_\_\_\_  
REVIEWED: \_\_\_\_\_ DATE: \_\_\_\_\_ GAX \_\_\_\_\_ Date: \_\_\_\_\_  
ENTERED: \_\_\_\_\_ DATE: \_\_\_\_\_ \_\_\_\_\_

RIGHT OF WAY DELIVERY NOTATION:

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**Exhibit 5.04 Warrant Replacement Request Form**

Print

RESET

**STATE OF ARIZONA  
WARRANT REPLACEMENT REQUEST CERTIFICATION FORM**

<b>THIS SECTION TO BE COMPLETED BY THE STATE AGENCY</b> Complete the original warrant information and send the form to the payee.		
Payee or Vendor Name:	Agency 3 Digit AFIS Code:	Warrant Amount \$:
Address of Payee or Vendor:	Warrant Issue Date: (mm/dd/yy)	Warrant 9 Digit Number:
	Agency Contact Name:	Agency Contact Phone:

<b>THIS SECTION TO BE COMPLETED BY PAYEE OR AUTHORIZED AGENT</b>
<p><i>Definitions:</i>                  "Warrant" is a written authorization for the payment of money produced as a result of a request for payment.                  "Payee" is the exact name as on the original warrant.                  "Authorized Agent" is an officer, owner, general partner, member, or legal representative of the payee.</p> <p><i>Instructions:</i>                  1. Completed form is to be mailed or delivered to the General Accounting Office at the address below.                  2. Obtain a notary for the signature before sending or delivering the form.                  3. If the warrant was damaged, submit the remaining portion(s) of the damaged warrant with this form.                  4. If the lost or stolen warrant is found at a later date, return the original warrant to the following address.                  5. Normally, a duplicate warrant will be issued within 5 to 10 working days.</p> <p align="center"><b>Arizona Department of Administration                  General Accounting Office                  100 N. 15<sup>th</sup> Avenue, Suite 302                  Phoenix, AZ 85007</b></p> <p>I, the payee or authorized agent, certify that the warrant described above was lost, stolen, destroyed, or damaged and payment has not been received. I request a duplicate warrant to be issued in the same amount and with the same expiration date as the original warrant. I agree to pay the loss or damage incurred by the State of Arizona, including attorney's fees, if this request is made fraudulently or the original warrant is paid.</p> <p>Payee or Authorized Agent Signature: _____</p> <p>Payee or Authorized Agent Printed Name: _____</p> <p>State of _____ )</p> <p>County of _____ )</p> <p>Subscribed and sworn (or affirmed) before me this ____ day of _____, 20____.</p> <p align="center">_____ )                  Notary Public</p> <p>(seal)</p>

<b>THIS SECTION TO BE COMPLETED BY GAO/AWR</b>		
AWR Stop Date: (mm/dd/yy)	Replacement Warrant 9 Digit Number:	Date of Issue: (mm/dd/yy)
Bank Confirmation: (mm/dd/yy)	Warrant Expiration Date: (mm/dd/yy)	Name of GAO Staff:

GAO-6 (Revised 07/08)

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# Exhibit 5.05 Warrant Stop Payment Form

Print

RESET

## STATE OF ARIZONA WARRANT STOP PAYMENT REQUEST FORM

<p><b>INSTRUCTIONS TO STATE AGENCY TO COMPLETE THIS FORM:</b></p> <p>1. To stop the payment of a warrant issued by the State of Arizona, <u>all</u> information below must be completed.</p> <p>2. Fax <u>and</u> return the completed <u>original</u> form to the General Accounting Office:</p> <p style="text-align: center;"> <b>Fax to: (602) 542-7066 Attention AWR</b>  <b>Mail or deliver to: Arizona Department of Administration</b>  <b>General Accounting Office/AWR</b>  <b>100 N. 15th Ave. Suite 302</b>  <b>Phoenix, AZ 85007</b> </p>
--

Requests received after 3:00 pm will be processed the next business day.

WARRANT INFORMATION SECTION			
Will a 'Warrant Replacement Request Certification Form' (GAO-6) be sent to the General Accounting Office? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Requesting Agency 3 Digit AFIS Code:	Warrant 9 Digit Number:	Warrant Issue Date: (mm/dd/yy)	Warrant Expiration Date: (mm/dd/yy)
Payee or Vendor Name:			Warrant Amount \$:
Reason for Stopping the Payment:			

AGENCY SIGNATURE AUTHORIZATION SECTION		
Requestor's Printed Name:	Requestor's Title:	
Requestor's Signature:	Date: (mm/dd/yy)	Requestor's Phone Number:
Supervisor's Printed Name:	Supervisor's Title:	
Supervisor's Signature:	Date: (mm/dd/yy)	Supervisor's Phone Number:

GAO/AWR SECTION		
Vendor Number:	AWR Stop Date: (mm/dd/yy)	Name of GAO Staff:
Bank Confirmation: (mm/dd/yy)	Notes:	

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Exhibit 5.07 Daily Recap of Receipts Received

## Recap of Receipts Received for 08/26/10

Date Rec'd	Payee	Check #	Postmark Date	Check Date	Parcel #	Parcel Amount	Check Amount
08/26/10	CROWN CASTLE USA INC - 4	61814	08/24/10	09/01/10	99999	\$10,190.45	\$10,190.45
08/26/10	CROWN CASTLE USA INC - 4	61813	08/24/10	09/01/10	99999	\$11,148.00	\$11,148.00
08/26/10	VERNON W. CRISP JR.	2194371993	08/20/10	08/20/10	7-10796	\$1,000.00	\$1,000.00
08/26/10	UTILITY TRAILER SALES CO OF AZ	035794	08/25/10	08/24/10	99999	\$1,005.00	\$1,005.00
08/26/10	chicago title insurance compan	2597503403	08/25/10	08/25/10		\$100,000.00	\$100,000.00
<b>Total Amount:</b>						<b>\$123,343.45</b>	

We certify this to be a true and accurate representation of all receipts received by the Right of Way Group on 08/26/10 .

ENTERED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Exhibit 5.08 Deposit by Batch # Fund and Tracs

Thursday, April 30, 2009

ADOT - R/W Operations

Deposit Recap Sheet -

Deposits by Batch# - Fund and Tracs

Payee	Check#	Check Date	Parcel	TRACS	Fund	OBJ	Ltax	Ptax	Rent	Other	Total
-------	--------	------------	--------	-------	------	-----	------	------	------	-------	-------

SubTotal:   
SubTotal: HWYAR05  
Report Totals:

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Exhibit 5.11 Batch Header Record

STATE OF ARIZONA BATCH HEADER RECORD			
PREPARED BY:		APPROVED BY:	
ENTERED BY/DATE		RELEASED BY/DATE	
BATCH AGCY <input type="text"/>	BATCHDATE (MMDDYY) DEFAULT = TODAY <input type="text"/>	BATCH TYPE 1=BGT 2=RVN/REC'T 3=PRE-ENC/ENC 4=EXP/DISBMT 5=JV <input type="text"/>	BATCH NO <input type="text"/>
BATCH COUNT <input type="text"/>	BATCH AMOUNT <input type="text"/>		EDIT MODE 0=NO EDIT/POST 1=EDIT 2=EDIT/POST <input type="text"/>
PMT DIST TYPE <input type="text"/>	DISB METH IND <input type="text"/>	H=HOLD      M=MANUAL R=RELEASE    E=EXPEDITE SPACE=NO ACTION	EFF DATE <input type="text"/>
FAST ENTRY (M/S/I/SPACE) <input type="text"/> M=MULTIPLE FAST ENTRY S=SINGLE FAST ENTRY I=MULTIPLE INVOICE SPACE=NO ACTION		ACTION CODE <input type="text"/> ACTION CODE AGENCY <input type="text"/> ACTION CODE	
SPECIAL NOTES/COMMENTS:			

GAO-500 (4-8-92) BATCH HEADER RECORD

GAO

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**Exhibit 5.12 Excess Land/Time Payment Breakout**

**PAYMENT INFORMATION**

PARCEL #	_____
PROJECT #	_____
COUNTY	_____
FUND / AFIS - ORG NO. EXP BUD	_____
APPR OBJECT	_____
SUB - OBJECT - ACTV	_____
NON PARTICIPATION	_____ "N"
BREAKDOWN	
4381 05 PRINCIPAL	_____
4635 INTEREST	_____
1513 EARNST DEP	_____
TOTAL	_____ 0.00
DATE	_____
PROVIDER #	_____ M99
OLD PROJECT #	_____
TRACS #	_____
NAME	_____

EXLDFRM.XLS

**Exhibit 5.13 Request for Miscellaneous Condemnation Services Form**

ARIZONA DEPARTMENT OF TRANSPORTATION  
OFFICE MEMO

REQUEST FOR MISCELLANEOUS CONDEMNATION SERVICES			
REQUEST CAP INCREASE DATE:			
TO:	CARRIE MCCLURE	CONTRACT #:	
	Operations Manager, R/W Operations		(To Be Filled In By Consultant Contracts)
FROM:	TOM FLYNN		
	Condemnation Liaison, Right of Way Administration		
<b>THIS FORM IS TO BE UTILIZED TO HIRE THE FOLLOWING:</b>			
Services to include, but are not limited to: expert witness, appraisals, appraisal updates, the preparation of feasibility studies, analyses, research, trial preparation services, consulting services and court testimony for condemnation cases.			
ATTORNEY GENERAL:		Effective Date of Assignment:	
Please hire:	Name:	Phone #:	
	Firm:	Fax:	
	Address:	Email:	
HIRING:	Individual	Firm	Template #1
			Template #2
FOR:	Consulting	Expert Witness, OSC Date:	Verbal Report by:
	Appraisal Update, Date of Valuation:	# of	Appraisal Update Reports & CD
DATE SCANNED W-9 TO NEW VENDOR:		DATE RCVD:	
DATE SCANNED W-9 TO PROCUREMENT:		DATE SCANNED TO ADVANTAGE:	
	Date		Date
	PARCEL(S):		
	PROJECT:		
	HIGHWAY:		
	SECTION:		
SCOPE OF WORK (Include special instructions, if any)			
CONTRACT CAP:			
CONSULTANT'S HOURLY RATE:		Fee Schedule Attached	
DELIVERY DUE DATE:		Assignment Completion Date by:	
FOR INCREASING CONTRACT CAP			
To be completed by Consultant Contracts	Current Cap:	\$	Total Expended: \$
To be completed by Condemnation Liaison	Increase existing contract cap by:	\$	
This includes the last invoice # ___ dated ___ for \$ ___. Please include an amount sufficient enough to complete this assignment.			
New Letter Contract Cap Amount: \$			
Date increase scanned to Procurement:			
Request for Misc Condemnation Services.doc (rev.10/21/10)	R/W CONDEMNATION LIAISON		DATE

G:\9310\Contracts\Forms & Procedures\Forms\Misc Condemnation

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