

EXHIBIT**"A"**

Form ROW-R-99
(Rev. 07/11)
Page 1 of 1

CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) William Montreuil		Parcel No:		County: Williamson
		ROW CSJ: 0683-01-092		Project No.:
<input type="checkbox"/> Residence <input checked="" type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sign <input type="checkbox"/> Other				
2. Address of Property Acquired by State: 901 Round Rock Ave., STE 102, Round Rock, TX 78681 Claimant's Telephone No.: 512-246-9080		3. Address Moved To: 1050 Meadow Drive #306, Round Rock, TX 78681		
4. Occupancy of Property Acquired by State: From (Date): 12/01/2006 To (Date of Move): 11/3/2017		5. Distance Moved: Less than 1 Mile		
<input type="checkbox"/> Owner/Occupant <input checked="" type="checkbox"/> Tenant		7. Mover's Name and Address:		
6. Controlling Dates				
	Mo.	Day	Yr.	
a. First Offer in Negotiation				
b. Date Property Acquired				
c. Date Required to Move				
8. Property Storage (attach explanation) From (Date): N/A To (Date of Move): N/A		9. Amount of Claim:		
Place Stored (Name and Address): N/A		a. Moving Expenses \$7,859.56		
10. Temporary Lodging (attach explanation) From (Date): N/A To (Date of Move): N/A		b. Reestablishment Expenses \$61,030.94 ^{LM} \$60,999.88		
		c. Searching Expenses \$		
		d. Tangible Property Loss \$		
		e. Storage \$		
		f. Temporary Lodging \$		
		g. Total Amount \$68,890.50 ^{LM} \$68,858.94		
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all property was moved and installed at the address shown in Block 3, above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and correct.				
Date of Claim: <u>4/1/18</u> ^{LM} Claimant <u>William Montreuil</u>				
Claimant				
Spaces Below to be Completed by State/City of Round Rock				
I certify that I have examined this claim and substantiating documentation attached herewith, and have found it to be true and correct and to conform with the applicable provisions of State law. All items are considered to be necessary reasonable expenses and this claim is recommended for payment as follows:				
Amount of \$ 68,890.50 ^{LM} \$68,858.94 Date <u>6/27/2018</u>				
DocuSigned by: <u>David Harrah</u> **See note below** 8DDDF8ED8E13426 Light of Way Manager				

NOTE:

Displacement occurred before state's project.
The City of Round Rock lease escrowed \$75,000 to cover relo expenses. For Uniform Act compliance, TXDOT will reimburse all eligible expenses exceeding \$75,000.



* R 9 9 *

RELOCATION ADVISORY ASSISTANCE - PARCEL RECORD

Use Separate Form for Each Displaced Family Unit or Business/Farm/Non-Profit (Print or Type All Information)					
Displacee's Name (Include Spouse's Name): <u>William Montreuil</u>		ROW CSJ: <u>0683-01-092</u>	County: <u>Williamson</u>		
Original Address (Place of Displacement): <u>901 Round Rock Ave #102</u> <u>Round Rock TX 78681</u> Phone No.: <u>(512) 246-9080</u> Site or Apt. No.: <u>102</u>		New Address: <u>1050 Meadows Drive #306</u> <u>Round Rock TX 78681</u> Phone No.: <u>(512) 246-9080</u> Site or Apt. No.: <u>306</u>			
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ADA Considerations / Special Needs		Ethnic Code: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		
Fee Interest Before Displacement: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant			Fee Interest After Relocation: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant		
Existing Lease			Replacement Lease		
Date Signed: <u>12/1/06</u>			Date Signed: <u>9/1/17</u>		
Duration: <u>10 yrs 10 months</u>			Duration: <u>two 5yr terms set</u>		
Lease Amount \$: <u>4,800 -</u>			Lease Amount \$: <u>1,600 -</u>		
Utilities included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Utilities included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Business, Farm or Nonprofit Organization					
Type of Activity: <u>General Dentistry</u>				<input checked="" type="checkbox"/> Continued <input type="checkbox"/> Terminated	
Last two years income: Year 1: \$ <u>624,000 -</u>		Year 2: \$ <u>610,000 -</u>			
Residential Displacements					
Type of Property (Single Detached, Multi-Family, etc.): <u>N/A</u>			Number of Persons Actually Living in Dwelling: <u>N/A</u>		
Age/Sex/Relationship of Other Household Occupants: <u>N/A</u>					
Total Number of Rooms in Subject: <u>N/A</u>	Number of Bedrooms: <u>N/A</u>	Number of Bathrooms: <u>N/A</u>	Number of Rooms Occupied: <u>N/A</u>	Living Space (Sq. ft.): <u>N/A</u>	
Displacee Income:					
1. Occupation (Where & What): _____		3. Other sources of eligible income: _____			
2. Gross Last 12 Months: \$ _____		4. Welfare (Source & Amounts): _____			
The information contained within this form is being collected to allow the Agency to provide the best possible advisory services and to help identify all possible relocation benefits the displacee(s) is/are eligible for. By signing below I certify, to the best of my knowledge, that all the foregoing information is current and accurate and that no information has been withheld or omitted.					
Displacee Signature: <u>William J Montreuil</u>		Date: <u>1/26/18</u>			
Displacee Name (printed): <u>William J Montreuil</u>		Title: <u>Owner</u>			
Relocation Agent Use Only					
Reason displacee verification not included:				Date move plan received/approved:	
Relocation Agents' Signature: <u>Laurie Miller</u>				Date: <u>1-26-18</u>	
Relocation Agents' Name (printed): <u>Laurie Miller</u>					
The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under Sections 552.021 and 552.023 of the Government Code, you also are entitled to receive and review this information. Under Section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.					

Relocation Agent Use Only (continued)			
Date of Occupancy: 12/01/06	Date Required to Move: 10/2017	Actual Date of Move: 10-21-17 thru 11-3-2017	Distance of Move: 0.5 Miles
Date Notified of Availability of Relocation Payments and Assistance (Services):			
Date Displacee Offered Assistance in Locating Replacement Housing or Operating Facility:			
Name of Other Agencies Assisting in Relocation: N/A			
Date of 90 day notice:		Method used to determine eligibility:	
Date of 30 day notice:		Date of initiation of negotiations:	
Method used to verify income:		Translator needed?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Language of displacee: English	
<p>Date and Substance of Follow-up Contacts (Use extra pages if necessary):</p> <p>1/25/18 - Received phone call from Dr. Montreuil, we set up an appointment for Friday, January 26, 2018 at 10:00 am.</p> <p>1/26/18 - I met with Dr. Montreuil at his new replacement office approx. a half a mile a way from his old office on RM 620. I explained the relocation program and benefits and gave Dr. Montreuil a Relocation Brochure. We went through all of the relo paperwork and Dr. Montreuil signed all the necessary documents. We then began to go over receipts and invoices that he had and discussed if they they would be reimbursable and I told him the majority of them are and that there may be some that are not but I will not know for sure until I am able to sit down and sort everything out and put everything into a spreadsheet. Some of the items we went over still needed some back up documents so Dr. Montreuil and I agreed to meet again next Saturday, February 3, 2018, same time and place to go over his searching expenses and back up documents and to receive the last of the receipts, canceled checks and invoices.</p> <p>2/3/2018 - Met with Dr. Montreuil, we went over the back up documents for his searching expenses and the additional invoices, canceled checks and receipts. We discussed how long all of this would take and I told the Doctor that it would take a few days for me to go through everything and sort it out, put into a spread sheet and assemble all the back up documents and then I would submit to City and TXDOT for approval; I told him I really could not give him a time line and he said he understood. I did say that I would submit the searching expenses first so so that he could have some money coming back soon. He was happy to hear that.</p> <p>2/4/18 - Dr. Montreuil exchanged a few text messages about some of the dates he had. I prepared the claim form for searching and sent to Dr. Montreuil for his signature.</p> <p>2/9/18 - I contacted Dr. Montreuil about his claim form and he said that he had emailed it to me but i told him i did not receive would he mind resending it. He did later that afternoon.</p>			

TABULATION OF EXPENSES					
RM 620 Parcel Number Dental Office (Dr. Montreuil)					
Date	Invoice Number	Payee	Description	Amount	Remarks
10-22-17	973599156-001	Office Depot	Lateral File Two Drawer	\$97.89	Not reimbursable - Capital Assets
10-21-17	973559696-001	Office Depot	Desk Magellan Executive	\$233.81	Not reimbursable - Capital Assets
10-21-17	973560040-001	Office Depot	Hutch Magellan Performance	\$92.00	Not reimbursable - Capital Assets
10-26-17	005373	Master Burglar Alarm Company	Move System	\$70.36	Move Expenses
10-30-17	27800	Ideal Signs	Install Awning and Signage	\$371.88	Move Expenses
2/11/17	4569	Ideal Signs	Marquee Decal	\$138.13	Move Expenses
3/11/17	R227466	Hewitt Dental Equipment, Service and Supply	Disconnection, move and reconnection of Dental Equipment	\$6,186.49	Move Expenses
11-15-17	R22791	Hewitt Dental Equipment, Service and Supply	Correct In station Deficiencies	\$106.36	Move Expenses
1-19-18	R22994	Hewitt Dental Equipment, Service and Supply	Correct Installation Deficiencies	\$105.54	Move Expenses
10/21-11-3-17	N/A	Dr. Montreuil and Employees	Packing and Moving	\$880.80	Move Expenses
				\$7,859.56	
12/11/17	#1	Home Depot	Linex Metal Speedtile	\$83.19	Reestablishment
11-27-17	#2	Home Depot	T7 White Shelf 48"	\$28.10	Reestablishment
9/11/17	#3	Home Depot	Foundations 2-Handle Bar Faucet/Black Foam Tape	\$58.84	Reestablishment
10/21/17	#4	Home Depot	80 grit sand paper/ Plug Protectors/ Mini Roller Tray	\$13.75	Reestablishment
9/18/17	#6	Home Depot	Speaker Wire/Coil Tubing/Elect Box/Anti-Short Bushing	\$187.68	Reestablishment
10/24/17	#7	Home Depot	Lyndall Single Post Toilet Paper Holder	\$21.62	Reestablishment
10/27/17	#8	Home Depot	Phone jack Installation Kit/CAT5 Cable	\$57.76	Reestablishment
10/25/17	#9	Home Depot	Fluorescent Light Bulb 4 ft	\$10.79	Reestablishment
9/21/17	#10	Home Depot	Cat 6 Cable	\$14.61	Reestablishment
9/20/17	#11	Home Depot	Electric Box/Swiffer Wet Jet	\$26.48	Reestablishment

TABULATION OF EXPENSES					
RM 620 Parcel Number Dental Office (Dr. Montreuil)					
Date	Invoice Number	Payee	Description	Amount	Remarks
10/29/17	#12	Home Depot	Dishwasher connectors	\$4.95	Reestablishment
9/22/17	#13	Home Depot	Cat 5 Cable	\$19.99	Reestablishment
10/11/17	#14	Home Depot	Electrical Boxes/	\$5.43	Reestablishment
9/26/17	#15	Home Depot	Electrical Boxes	\$4.15	Reestablishment
10/13/17	#16	Home Depot	AC Filters	\$9.72	Reestablishment
10/20/17	#17	Home Depot	Cabinet Handles	\$121.01	Reestablishment
10/23/17	#18	Home Depot	Paint	\$21.65	Reestablishment
11/5/17	#19	Home Depot	Cabinet Handles	\$12.90	Reestablishment
11/4/17	#20	Home Depot	Bumpers and Door Stops	\$20.90	Reestablishment
10/29/17	#21	Home Depot	Dishwasher Elbow/Brass fittings/Cabinet Handles	\$45.27	Reestablishment
10/12/2017	#1	Lowes	In-wall Speaker Volume Control	\$97.33	Reestablishment
10/29/2017	#2	Lowes	Hose Washer	\$1.07	Reestablishment
10/24/2017	#3	Lowes	Sterling Windham White WaterSense Labeled Elongated Chair Height 2-piece Toilet/KOHLER Lilyfield Brushed Nickel 1-Handle Single Hole/4-in Centerset Bathroom Faucet	\$381.30	Reestablishment
9/20/2017	#4	Lowes	In-wall Speaker Volume Control	\$104.15	Reestablishment
10/24/17	#1	Wal-Mart	Water/Dish Drainer/Contact Paper	\$22.20	Reestablishment
10/26/17	#2	Wal-Mart	Wood Glue/Ziploc Bags/ Felt Bumpers	\$34.25	Reestablishment
9-20-17	N/A	Round Rock West	Misc. (see remarks)	\$25.00	Reestablishment
10-24-17	N/A	Ikea	Counter Tops	\$107.17	Reestablishment
10-27-17	266442870	Ikea	Counter Tops	\$214.34	Reestablishment
10-29-17	266588396	Ikea	Counter Tops	\$214.34	Reestablishment
11-13-17	2158	Jorge Gonzalez	Build - out (Painting, Drywall Texture, Installation of cabinets and shelving, Installation of data lines)	\$9,500.00	Re-establishment
10/11/17		Gilbert Gracia	Build - out (Door Installation)	\$1,700.00	Re-establishment

RM 620 Parcel Number Dental Office (Dr. Montreuil)

Date	Invoice Number	Payee	Description	Amount	Remarks
7-25-17	578772	Gerardo Herrera	Build - out (Add interior Walls, Replace Ceiling Tiles, Lower Ceiling Grid, Adjust A/C Grills, Install Sheetrock, and Debris removal)	\$17,000.00	Reestablishment
11/28/17	N/A	Ricardo Salmeron	Build - Out (Counter Tops and Stainless Steel Sink Installation)	\$3,609.00	Reestablishment
10-17-17	2799	G3 Plumbing, LLC	Build-out (Plumbing)	\$5,618.12	Reestablishment
10-31-17	2818	G3 Plumbing, LLC	Build-out (Plumbing)	\$5,538.13	Reestablishment
9-28-17	10	Franciso Napoles	Build-out (Electrical)	\$7,430.00	Re-establishment
10-20-17	N/A	Hermen Mondragon Cabinets	Cabinet Installation	\$5,300.00	Reestablishment
10-27-17	N/A	Rolondos Carpet and Flooring Company	Build - out (Installation of Vinyl Flooring)	\$3,400.00	Reestablishment
				\$61,030.94	
				\$68,890.50	
12/9/17	E22491	Hewitt Dental Equipment, Service and Supply	Vatech Pax Primo	\$18,711.01	To be determined

Displacee: William Montgomerie DDS PA (Dental Health Center of Round Rock)

Address:

1050 Meadows Drive #306

Round Rock TX 78681

(Former) 901 Round Rock Ave #102

Round Rock TX 78681

RM 620 Project

Phone:

(512) 246-9090

Timsheet Log

(Actual / Personal Property Moves)

Date	Name	Description of Activity	Mileage	Hours	Hourly Wage	Total
10/21/17	William (mike)	harry items (couch, bookshelves etc)	4x1	2x2	10.50	44.14
10/26/17	William @ 3 staff @ (5)	charts, filing, supplies, table, chairs	10x1	5x8	10.50	425.35
	* used personal trailer (6x10)					
F 10/27/17	William	supplies, small equipment, lab	6x1	8	10.50	87.21
S 10/28/17	William	furniture, archival boxes	4x1	4	10.50	44.14
S 10/29/17	William @ helper	transfer usable cabinets	4x1	4x2	10.50	84.14
m 10/30/17	William @ 3 staff	books, office supplies	4x1	4x2	10.50	84.14
	William	wall decor	2x1	2	10.50	22.07
11/2/17	William (mike)	demos, final furniture	2x1	2x2	10.50	43.07
11/3/17	William	demos (dumpster), final misc items	1	4	10.50	42.54
		Totals:	43x1	74		980.82

Signature:

William Montgomerie

Date:

2/2/18

Personal Property Moves Only

Section 2 - Types of Moving Options

Actual Cost Moves: The displacee must provide an itemized certificate accounting of the number of hours spent on the move and the claimed hourly wage rate. The hourly wage rate is limited to that charged by bonded commercial movers for moves of similar property. Include paid receipts/documentation with copies of cancelled checks.

Move Mileage and Hour Rate

Hourly rate	Hours Worked	Total	Total Milage and Hours Worked
\$10.50	4	\$42.00	\$44.14
\$10.50	40	\$420.00	\$425.35
\$10.50	8	\$84.00	\$87.21
\$10.50	4	\$42.00	\$44.14
\$10.50	8	\$84.00	\$86.14
\$10.50	8	\$84.00	\$86.14
\$10.50	2	\$21.00	\$22.07
\$10.50	4	\$42.00	\$43.07
\$10.50	4	\$42.00	\$42.54
Totals	82	\$861.00	\$880.80

Milage Rate	Miles Driven	Total
\$0.5350	4	\$2.14
\$0.5350	10	\$5.35
\$0.5350	6	\$3.21
\$0.5350	4	\$2.14
\$0.5350	4	\$2.14
\$0.5350	4	\$2.14
\$0.5350	2	\$1.07
\$0.5350	2	\$1.07
\$0.5350	1	\$0.54
Totals	37	\$19.26