|  |  |
| --- | --- |
| STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION |  EXHIBIT |
| **CLAIM FOR PAYMENT OF EXPENSES ACTUALLY INCURRED** |  8-EX-7 (Rev. 6/95) |
| (Form #) |  Page 1 of 2 |

# PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Office.

**PRINT OR TYPE ALL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **To: STATE OF CALIFORNIA** | Dist.-Co.-Rte.-Post |  |
| **DEPARTMENT OF TRANSPORTATION** |  |  |
|  | Parcel No. |  |
|  |  |  |
|  | Exp Auth | S.A.R. No. |
|  |  |  |
| 1. Full name of claimant | 2. Claimant’s Address and Phone No. |
|  |  |
|  |  |
| 3. Location and Description of Proposed Development |
|  |
|  |
| 4. Itemization of Expenses  |
|  |
|  **To Whom Paid** | **Purpose** | **Date** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 5. Location Where Records may be examined | 6. Amount of Claim |
|  |  |
|  |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. Payment of this claim in the amount shown above is required. |
| I CERTIFY that all information submitted herewith or included herein is true and correct. I understand that, in addition to the penalty provided by Penal Code Section 72, falsification of any item in this claim as submitted herewith may result in forfeiture of the entire claim. (NOTE: Section 72 of the Penal Code provides: “Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, town, city, district, ward or village boards or officer authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony.”) |

|  |  |
| --- | --- |
| **CLAIM FOR PAYMENT OF EXPENSES ACTUALLY INCURRED (Cont.)** |  EXHIBIT |
| (Form #)) |  8-EX-7 (Rev. 6/95) |
|  |  Page 2 of 2 |

It is understood and I (we) agree that all my (our) cost records and construction plans pertaining to work to be paid for pursuant to this claim shall be open to inspection or audits by representatives of the State of California, Department of Transportation, Claimant shall make every effort to ensure that the cost records will be open to inspection and audits by said representatives and that claimant will be given a reasonable notice of time when such audits are to commence.

DATE OF CLAIM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CLAIMANTS’ SIGNATURE(S)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_