##### BUREAU of AERONAUTICS

##### LAND ACQUISITION CHECK REQUEST

**FOR BOA OFFICE USE ONLY**

**DIRECT PAYMENT / SINGLE PAYMENT**

Invoice# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acct# 8700161 (Land Cost) REACQ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acct# 8700230 (Incidental Cost) RERLC $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acct# 8700135 (Relocation Payment) RERLE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title Insurance amount over $1000 (not federally eligible)**

**Account # 8700230 RERLC (Incidental Cost)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **BOA Airport Land Program Manager**

Authorized by.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Bureau of Aeronautics Finance**

DATE: \_\_\_/\_\_\_/\_\_\_

TO: Teresa Klein, Airport Land Program Manager

 WI DOT\BOA Airport Program Mgr.

SUBMITTED BY:

Name:

Firm:

AIRPORT:

PROJECT ID#:

BOA#:

PARCEL No.(s) / PROPERTY OWNER(s):

# Payment For: (attach supporting documents)

**Please arrange for a draft as follows**

**Payee:**

*(name and address)*

**Amount:**

**Check Handling:**

Please return the check payment and invoice copy to:

WisDOT, Bureau of Aeronautics, Room S: 528.17

dotboafinance@dot.wi.gov

BOA FINANCE CR FORM 9/2024