

# OREGON DEPARTMENT OF TRANSPORTATION

## REIMBURSEMENT INFORMATION FORM (RIF)

**Utility Owner:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**ODOT Key No.:** \_\_\_\_\_

This form is to be used when a utility facility has been determined to be in conflict with an Oregon Department of Transportation's (ODOT) highway project and the resulting relocation/adjustment qualifies for utility reimbursement. The Utility owner is to provide an estimated cost for relocation. Approval by ODOT is required prior to beginning any Preliminary Engineering or Construction work.

**1. Preliminary Engineering** , in a **"budgeted"** estimate of \$ \_\_\_\_\_ **will be accomplished by:**

- Utility Forces: (obtain State authorization prior to proceeding with design work)  
 Engineering Consultant through: (agreement with consultant must be approved by ODOT prior to starting PE work. As a minimum: rate schedule and work scope required for <\$10,000, detailed scope of work and estimate required >\$10,000)  
 New Engineering Contract                       Continuing Agreement  
 ODOT: (Utility to prepare written request and obtain acceptance by ODOT)

**2. Construction, in a "budgeted" estimate of \$ \_\_\_\_\_ will be accomplished by:**

- Utility forces: (written approval must be obtained before starting work)  
 Competitive Contract: (written approval of PS&E must be obtained prior to advertisement of project. Approval of selection of lowest qualified bidder is required prior to award of contract)  
 ODOT Contractor: (Utility supplies PS&E docs and request to add work. Agreement required if non-reimbursable work is included)  
 Contractor with Continuing Agreement (agreement with contractor must be approved by ODOT prior to starting construction)

**3. Betterment:**

This work (**will** ) (**will not** ) result in a betterment to the company's system. Betterments are upgrades or increases in functional capacity not attributable to the highway construction project. If a betterment will result, a detailed cost split must be shown in the estimate.

**4. Accrued Depreciation:**

This work (**does** ) (**does not** ) affect a complete and independent unit of our system, such as a building, plant, station, etc. If so, a calculation for the credit to ODOT needs to be shown in the estimate. To calculate the Accrued Depreciation use the following equation: 
$$\frac{\text{Expired Service Life of the Original Facility}}{\text{Estimated Service Life of Original Facility}} \times (\text{Original Cost}) = \text{Amount of Credit}$$

**5. Submitted Billing will be based on Actual Cost Basis** in accordance with 23 CFR 645.117

All reimbursements must be based on actual invoiced expenditures. When actual expenditures exceed the estimated cost by 10%, a written explanation will be submitted for approval. To determine the amount of reimbursement, ODOT will apply a percentage based on the reimbursable expenditure to total costs of the utility relocation. All such records will be retained by the utility for a period of not less than five (5) years from the date of final payment and will be subject to audit by representatives of the State and Federal Government.

The parties signing below understand and acknowledge that all reimbursable utility relocation work must have written ODOT authorization (Notice to Proceed) prior to starting any reimbursable work. Parties understand and acknowledge that they will comply with the Buy America requirement, as described in Section 10.340 (5) of Chapter 10 of the Right of Way Manual. Estimates and bills must conform to 23CFR 645A (Code of Federal Regulations), state law, administrative rules, regulations and state relocation policy. **In accordance with 23CFR 645A, final billings will be submitted within one-year following completion of the utility relocation work.** If the final bill has not been received within this one-year period, ODOT will consider the work completed and no future billing will be accepted.

Authorized Utility Representative:

\_\_\_\_\_  
(Print Name, title, and Phone Number)

\_\_\_\_\_  
Signature of Authorized Company Representative: Date:

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
email address: