

**THIRD PARTY ACQUISITION OF PROPERTY
FACILITATOR COST ESTIMATES
AND REPORT OF REIMBURSEMENTS**
(In accordance with 8.01.K of the *SBC By-laws, Policy & Procedures*)

This form serves as supporting documentation to Transaction No:	
Name of requesting State of Tennessee Agency:	

Reimbursables Recommended for Approval:

<u>Type</u>	<u>Estimated Costs</u> ¹	<u>Actual Costs</u> ²	<u>Variance</u>	<u>Actual Amount >\$500 or >20% (Yes or No)</u>
Appraisal Fees				
Attorneys' Fees				
Closing Agent Costs				
Environmental Assessment Fees				
Recording Fees				
Survey Fees				
Title Insurance Policy Premiums				
Title Search/Commitment Fees				
Transfer Taxes				
Other				

Reimbursables Not Recommended for Approval:

<u>Type</u>	<u>Requested Amounts</u>

¹ Estimated Costs and Requested Amounts to be completed prior to initial request for SBC approval.

² Actual Costs and Variance, as well as answering Yes or No if greater than \$500 or 20% and statement of reasons why Actual exceeds Estimate as requested below, to be completed prior to final SBC request for approval of reimbursement.

Please state all reasons why any above Reimbursable Facilitator Actual Costs amount exceeds the same Reimbursable Facilitator Estimated Costs amount by the lessor of the sum of \$500 or 20% (Use a separate sheet if necessary):

Approval of Costs by Agency:		Concurrence of Costs as Reasonable:	
(Signature)		(Signature)	
(Print Name)		(Print Name)	
Authorized representative of requesting State of TN Agency		Authorized representative of State of TN Real Estate Asset Management	
Date:		Date:	
Estimated Costs Approved by SBC:		Date:	
Actual Costs Reported to SBC:		Date:	