

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023, (512) FAX (512) 475-3506

Internet Address: www.tdhca.texas.gov/mhd

Consumer Claims Program

Estimate for Reassigned Warranty Work

Consumer Name:	
Complaint Case Number:	

Part I – Labor and Materials:

For each item on the inspection report, provide the information requested.

Item # _____ Description of proposed correction: _____ _____ _____
Estimated time: _____ Hourly rate: _____
Itemized cost of materials: _____ _____
Item Total (Labor and Materials): \$ _____

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Estimated time: _____ Hourly rate: _____
Itemized cost of materials: _____ _____
Item Total (Labor and Materials): \$ _____

Item # _____ Description of proposed correction: _____ _____ _____
Estimated time: _____ Hourly rate: _____
Itemized cost of materials: _____ _____
Item Total (Labor and Materials): \$ _____

Part II – Other Costs and Expenses

Block 1: Travel

Starting Location:

Starting location, which must be within the State of Texas and is to be the closer of the nearest office to the site of the re-assigned warranty work or the in-state service center for the licensee.

Starting Location Address: _____

Mileage:

Mileage is reimbursable at the current State of Texas approved rates in effect for reimbursement of state employees' travel expenses per mile, not to exceed \$150.00 per day.

Estimated Round-Trip Mileage: _____ **Miles**

Mileage Rate: _____ **Per Mile** **Total Mileage Amount: \$** _____

Block 2: Hotel Lodging

Reimbursement for overnight lodging is to include the actual room rate and any applicable taxes but does not include any long distance telephone calls, entertainment, food, or beverages. Reimbursement may not exceed the State of Texas approved rates for reimbursement of state employees' lodging.

Hotel Name and Address: _____

Hotel Rate Plus Taxes Per Day: \$ _____ **Total Hotel Amount: \$** _____

Block 3: Meals

Reimbursement for meals (**receipts are required**) shall not exceed the current State of Texas approved rate for reimbursement of state employees' meals while traveling. Alcoholic beverages are not subject to reimbursement.

Estimated Costs of Meals Per Day: \$ _____ **Total Amount of Meals: \$** _____

Block 4: Administrative and oversight costs

Administrative services may not exceed 20% of the total estimate. Provide a detailed explanation of the necessary administrative services, including the number of hours required and the hourly rate of each person providing such services:

Detailed Explanation: _____

Total of Administrative Services: \$ _____

Grand Total Estimate: \$ _____

Part III – Certification

The undersigned represents that:

- (1) the actual costs for labor charged to the Texas Department of Housing and Community Affairs, Manufactured Housing Division and/or the Manufactured Homeowner Consumer Claims Program will not exceed the actual number of hours expended, rounded to the nearest quarter of an hour increment, times the hourly rate specified above;
- (2) the actual costs for materials charged to Texas Department of Housing and Community Affairs, Manufactured Housing Division and/or the Manufactured Homeowner Consumer Claims Program will not exceed the costs actually charged to the undersigned and such costs do not exceed the costs at which the undersigned is able to obtain such materials for its own account;
- (3) the hourly rate being charged by the undersigned does not exceed the normal hourly rate at which the specified individuals customarily provide their services; and
- (4) if the work to be performed involves any repair or alteration that would require DAPIA approval, such approval will be obtained and a copy of such approval, together with all DAPIA-approved drawings relating thereto, will be submitted when reimbursement is requested.

Name of Licensee: _____

License Number: _____

This estimate executed this _____ day of _____, 20____.

*Signature of licensee or duly authorized officer or
representative*

Printed name of licensee or duly authorized
officer or representative