

LOCAL AGENCY REQUEST FOR REIMBURSEMENT

This information is required by MDOT in order for you to obtain reimbursement for expenses.

MDOT AGREEMENT # / NON-DEPT. AGREEMENT #	LOCATION		MDOT STRUCTURE #
DATE	REQUEST #	FINAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT AUTHORIZED TO SPEND \$
AGENCY	CONTROL SECTION	JOB #	TOTAL PROJECT COST TO DATE \$
ADDRESS (Street)	FED. PROJECT #	FED. ITEM #	PROJECT COSTS THIS REQUEST \$
ADDRESS (City, State)	PERIOD COVERED		BALANCE AVAILABLE \$

SUMMARY OF CHARGES

PRELIMINARY ENGINEERING	LABOR	_____	
	EQUIPMENT RENTAL	_____	
	OTHER _____	_____	
	TOTAL PRELIMINARY ENGINEERING		_____
REAL ESTATE	ACQUISITION COST	_____	
	APPRAISAL FEES	_____	
	OTHER _____	_____	
	TOTAL REAL ESTATE		_____
LOCAL CONTRACTED WORK		_____	
	TOTAL LOCAL CONTRACTED WORK		_____
CONSTRUCTION ENGINEERING	INSPECTION/STAKING/TESTING	_____	
	OTHER _____	_____	
	TOTAL CONSTRUCTION ENGINEERING		_____
FORCE ACCOUNT	LABOR	_____	
	EQUIPMENT	_____	
	MATERIALS	_____	
	OTHER _____	_____	
	TOTAL FORCE ACCOUNT		_____
	TOTAL CHARGES		_____

CERTIFICATION

I certify that, to the best of my knowledge, the figures entered above are correct and represent a proper claim for reimbursement for expenditures made under the appropriate Federal and/or State Act.

AGENCY REPRESENTATIVE (Signature)	TITLE	DATE
MDOT CONCUR FOR FUNDING (Signature)	TITLE	DATE

FINANCE USE ONLY

TRANS. CODE	JOB NO.	FED. ITEM	ACTIVITY CODE	ACCOUNT CODE	AMOUNT

BILL NO. _____