

RAILROAD REQUEST FOR REIMBURSEMENT

Information is required by Michigan Department of Transportation to reimburse for services.

INSTRUCTIONS: Submit with detailed billings in duplicate to Michigan Department of Transportation, Office of Rail, P.O. Box 30050, Lansing, Michigan 48909.

MDOT CONTROL SECTION NO.	RAILROAD
MDOT JOB NO.	ADDRESS
MDOT CROSSING/STRUCTURE NO.	
N. I. NO.	WO/AFE
RR SAFETY NO.	INVOICE NO.
FEDERAL PROJECT NO.	INVOICE DATE
FEDERAL ITEM NO.	PROGRESS BILL NO.
ROAD/HIGHWAY NO.	PERIOD COVERED

SUMMARY OF CHARGES:

ENGINEERING:	Preliminary	_____
	Construction	_____
	TOTAL ENGINEERING	_____
CONSTRUCTION:	Labor	_____
	Equipment	_____
	Materials	_____
	Accounting	_____
	Other	_____
* IF APPLICABLE:	TOTAL CONSTRUCTION	_____
	TOTAL CHARGES	_____
	STATE/LOCAL SHARE	_____
	RAILROAD SHARE	_____

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.

RAILROAD REPRESENTATIVE (Signature)	TITLE	DATE
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