

LOCAL AGENCY REQUEST FOR REIMBURSEMENT

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

MDOT AGREEMENT #	LOCATION	MDOT STRUCTURE #
DATE	BILLING #	FINAL? Yes No
AGENCY	CONTROL SECTION	JOB #
ADDRESS (Street)	FED. PROJECT #	FED. ITEM #
ADDRESS (City, State)	SERVICE PERIOD	

		AMOUNT AUTHORIZED TO SPEND
		\$
		TOTAL PROJECT COSTS TO DATE (Previous)
		\$
		PROJECT COSTS (This Request)
		\$
		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

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

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