Michigan Department Of Transportation 0802PL (06/17)

## PLANNING AGENCY REQUEST FOR REIMBURSEMENT

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This information is required by MDOT in order for you to obtain reimbursement for expenses. All costs should be recorded at 100% (Federal + Match amounts combined).

MDOT AGREEMENT #	LOCATION								
DATE		BILLING #		FINAL FISCAL YEAR BILL?	Yes	AMOUNT AU	THORIZED TO SPE	ND	
AGENCY		JOB#	JOB#				TOTAL PROJECT COSTS TO DATE (PREVIOUS)		
ADDRESS (Street)		FED. PROJECT #					PROJECT COSTS THIS BILLING PERIOD		
ADDICESS (Sileet)		T LD. FROM	-01#				\$		
ADDRESS (City, State)		BILLING PE	RIOD				BALANCE AVAILABLE		
	1		<u> </u>			\$	<u> </u>	<del>                                     </del>	
								<u> </u>	
								<del> </del>	
1	TOTALS FROM PAGE	1 and 2:							
TC	OTAL PROJECT COS	rs submitt	TED THIS PER	RIOD:					
TOTAL % COMPLETE OF AMOUNT AUTHORIZED TO SPE				END:					
			CERTIF	ICATION					
By signing this report expenditures, disburse award. I am aware tha civil or administrative p Sections 3729-3730 ar	ments and cash reco t any false, fictitious penalties for fraud, f	eipts are fo , or fraudul	nowledge ar r the purpose ent information	nd belief that es and objecti on, or the om	ves set for ission of	orth in the te any materia	erms and conditi al fact, may subj	ions of the Federal ect me to criminal,	
AGENCY REPRESENTA									
APPROVED BY MDOT PROGRAM MANAGER (Signature)					APPROVED BY SUPERVISOR (Signature)				

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	TOTALS PAGE 2 ONLY:									
AGENCY REPRESENTA	TIVE (Signature)		•		,					
APPROVED BY MDOT P	ROGRAM MANAGER (Signature)		APPROVED BY SUPERVISOR (\$	Signature)						
	- ( <del></del>			- /						