Clear Form

Michigan Department
of Transportation
1033-Byways (09/2024)

PURE MI BYWAYS PLANNING GRANT ACTIVITIES

Invoice # _____

PLANNING AGENCY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
			MI	
PHONE NUMBER	E-MAIL ADDRESS			

TO: MICHIGAN DEPARTMENT OF TRANSPORTATION Program Manager: _____ PO Box 30050 Lansing, MI 48909	Invoice Date: _____ Billing Period: _____ to _____ Final? (Check one) ☐ Yes ☐ No

Project Authorization No.: _____

Job No.: _____

Pure MI Byways Planning Grant Activities

Labor	
Fringes	
Indirect	
Office Supplies	
Postage	
Equipment	
Hardware	
Software	
Travel Expenses	
Food	
Lodging	
Mileage	
Meeting Expense	
Local Agency Reimbursement	
Miscellaneous	
Sub-Consultant	
Total Requested Amount This Invoice:	**$0.00**

AGENCY APPROVAL	DATE
MDOT PROGRAM MANAGER	DATE
MDOT SUPERVISOR	DATE
CSD PAYMENTS	DATE

Planning Agency Name

MDOT QUARTERLY EXPENDITURE REPORT

Pure MI Byways Planning Grant Activities (SPR)

(Project Authorization No.)

	WORK ELEMENT LINE ITEMS	BUDGET	% OF TOTAL BUDGET	PRIOR BILLINGS	Select one BILLING	BILLED TO DATE	% BILLED TO DATE	% WORK TO DATE	BALANCE REMAINING
I						$0			
II						$0			
III						$0			
						$0			
						$0			
						$0			
						$0			
						$0			
						$0			
	TOTALS:	**$0**		$0	$0	**$0**			**$0**

Planning Agency Name

Project Authorization No.: _____

PURE MICHIGAN BYWAY PROGRAM (SPR) PLANNING GRANT ACTIVITY PROGRESS REPORT

Billing Period: _____ to _____

Task I – _____

Task II – _____

Task III –

Additional Tasks