



Measure I 2010-2040
 Mountain/Desert Subarea
 Major Local Highway Program

Request for Reimbursement

1. **Agency Name:**

Agency named in SBCTA Funding Agreement.

2. **Contact Person:** **Phone:** **Email:**

Individual SBCTA should contact for questions regarding this request or the attached material.

3. **SBCTA Contract #:** **Agency Invoice #:**

4. **Project Name:**

Project name as shown on SBCTA Funding Agreement.

5. **Payment Amount Requested: \$**

Total amount being requested for reimbursement for this project with this Request for Payment.

CHECK HERE IF FINAL INVOICE.

Please see instructions in Funding Agreement regarding the Submittal of the Final Invoice and the Final Report of Expenditures, both due within 120 days following the completion of those expenditures

6. **Authorizing Signature:** **Date:**

Signature and date of the City/Town Manager or Chief Administrative Officer.

7. **Summary of Project Costs Table**

Phase	Agreement Allocation	Total Reimbursement to Date	Current Reimbursement Request (from Summary)
Environmental Studies (PA&ED)	\$	\$	\$
Plans, Specs & Estimates (PS&E)	\$	\$	\$
Right of Way (ROW)	\$	\$	\$
Construction (CON)	\$	\$	\$
TOTAL	\$	\$	\$

8. **INSTRUCTIONS:**

- Submit a copy of the contractor/consultant invoices and associated checks.
- Submit a summary of the invoices using the form attached.
- Submit one summary for each project.
- Please include a copy of any invoice to Caltrans relating to the invoices provided.



Measure I 2010-2040
 Mountain/Desert Subarea
 Major Local Highway Program

Request for Reimbursement

INVOICE SUMMARY

VENDOR NAME	SCOPE OF WORK	INVOICE NUMBER	INVOICE AMOUNT	CHECK NUMBER