



Request for Reimbursement

1. **Agency Name:**

Name of the agency requesting reimbursement.

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

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

3. **Time Period of Expenditures Covered:** **From:** **To:**

Year and months for which expenditures were incurred:

4. **SBCTA Contract #:** **Public Share %:** **Agency Invoice #:**

SBCTA contract number assigned to project as shown in the Jurisdiction Master Agreement.

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

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

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

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

7. **Summary of Project Costs**

Project Description*	Total Reimbursement to Date	Current Reimbursement Request (from Summary)	Public Share Amount (from Summary)
Project	\$	\$	\$
Project	\$	\$	\$
Project	\$	\$	\$
Project	\$	\$	\$
TOTAL	\$	\$	\$

** Provide the name of the project as listed in the Nexus Study.
If your project name is different, make sure you include the project name shown on the backup documents.*

8. **INSTRUCTIONS:**

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



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INVOICE SUMMARY

PROJECT NAME:					
VENDOR NAME	SCOPE OF WORK	INVOICE NUMBER	INVOICE AMOUNT	CHECK NUMBER	PUBLIC SHARE
TOTAL PUBLIC SHARE AMOUNT REQUESTED					