

# Mini-Grant Contract Claim for Reimbursement

**NDOT-HSO Use Only**  
Date Complete Invoice Received:

**To:** NDOT Highway Safety Office  
P.O. Box 94612, Lincoln, NE 68509-4612  
Telephone: (402) 471-2515 FAX: (402) 471-3865  
[http://dot.nebraska.gov/media/6204/cr\\_minigrant.pdf](http://dot.nebraska.gov/media/6204/cr_minigrant.pdf)

<b>From:</b>	Agency:		IBT/Invoice #:
	Address:		
	City, State, Zip:		
	Telephone No.:		Project Number
	Contact Person:		
E-Mail:			

### REIMBURSEMENT REQUEST

Description	Amount
<b>NOTE: To process this reimbursement all supporting documentation listed on the Mini-Grant Contract must be attached.</b>	Total

Current Claim Amount	Previous Claim Total <small>*Only use if previous claim has been made on this project.</small>	Total Claim to Date

### CERTIFICATION

I hereby certify the foregoing document is consistent with the terms of the mini-grant and is a true and accurate accounting of the expenditures.

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Signature of Authorized Official Type/Print Name and Title Date

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### NDOT HSO USE ONLY

Total Reimbursement	
Project Manager Review Initial/Date	NDOT DOC#
Supervisor Review Initial/Date	AB#
Administrator Review Initial/Date	TRANS <span style="float: right;">OE</span>
Local %	ACTIVITY <span style="float: right;">ACCOUNT</span>
Accountant Date Paid/Initial	NIGP <span style="float: right;">DATE</span>
Warrant #	APPROVED (PRINT NAME) <span style="float: right;">Mark C. Segerstrom</span>
	APPROVED SIGNATURE
	Project: <span style="float: right;">Amount:</span>