

Grant Contract Claim for Reimbursement

NDOT-HSO Use ONLY
Date Complete Invoice Received:

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/6203/cr_grant.pdf

Contractor:	Telephone:	IBT/Invoice #:
Contract Title:	Final Claim <input type="checkbox"/>	Month of Expenditures: Contract #:

NDOT HSO USE ONLY

	Federal Share
Total Expenditures	
Program Income	
Net Amounts	

PROJECT FINANCIAL SUMMARY

Current Month	Previous Months	Total to Date

NOTE: Supporting documentation for all expenditures above must be attached.

CERTIFICATION:

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

Signature of Project Director

Signature of Authorized Official

Type/Print Name and Title

Type/Print Name and Title

Date

Date