

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

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

REIMBURSEMENT REQUEST

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

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	
Supervisor Review Initial/Date	
Administrator Review Initial/Date	
Local %	
Accountant Date Paid/Initial	
Warrant #	
NDOT DOC#	
AB#	
TRANS	OE
ACTIVITY	ACCOUNT
NIGP	DATE
APPROVED (PRINT NAME)	William J. Kovarik
APPROVED SIGNATURE	
Project:	Amount: