

PART III Certification of costs incurred

I certify that in accordance with the laws of the State and under terms of the approved activities mentioned herein, actual costs claimed have been incurred for the purposes specified; no duplicate claim has been presented to or payment made by any other agency of the State of Colorado for actual cost reimbursement claimed herein.

M.O.S.T. sponsor's authorized representative (signature)	Date
M.O.S.T. Contract director (signature)	Date

For CDOT Use Only

Project Manager (signature)	Date	Fiscal Manager	Date
Program Manager (signature)	Date	Voucher#	
Business Office (signature)	Date	Business Office supervisor (signature)	Date