REIMBURSEMENT INVOICE (Not for Capital)

Reimbursement is requested under which grant?						Reporting Month	JAN	Reporting Year	
						Vend Inv#		PO #	
Agency						WBS Element		WBS Element	
Address						Phone		Fax	
City		State		Zip Code		Tax ID/FEIN)			

PART A — GRANT STATUS REPORT

Line #	Grant Item/Description		Admin (5311) Planning (5316)		Operating
1.	Total Amount of Contract				
2.	Previous Contract Balance				
3.	Total Eligible Expenses		0.00		0.00
4.	FTA Share		0.00		0.00
5.	Local Share		0.00		0.00
6.	New Contract Balance		0.00		0.00
7.	TOTAL AMOUNT TO BE REIMBURSED TO AGENCY				

PART B — DETAILED EXPENSE REPORT

	Administration (5311) or Planning (5316)				Operating Expenses			
Expense Line Items	In-Cash	In-Kind	Total Admin	FTA Eligible	In-Cash	In-Kind	Total Oper	FTA Eligible
Salaries and Wages	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facility Maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vehicle Maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Purchased Transit Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consultant Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
License Fees and Taxes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Leases and Rentals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Materials and Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fuel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Memberships/Subscriptions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Advertising & Marketing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Audit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Indirect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adjustments (+)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Program Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Initial Review Approval		Date
Admin/Planning SES#	Entered by	Date
Operating SES#	Entered by	Date
Vendor#	Parked by	Date
revised 2/23/2011	Posted by	Date

PART C — CONTRACTING REPORT FOR DBE *completed by submitting agency*

	Administration Expenses or Planning Expenses (planning under 5316 only)	**Operating Expenses**
Line Items	***Under the line item categories above, what specific purchases were made and from whom?***	
Facility Maintenance		
Vehicle Maintenance		
Purchased Transit Service		
Consultant Services		
Leases and Rentals		
Materials and Supplies		
Fuel		

PART D — PERFORMANCE REPORT

Service Data		**Trip Data**		**Performance Data**	
Vehicles in Service	0	Total One-Way Passenger Trips	0	Cost per One-Way Trip	0
Vehicle Miles	0	Trips Originating in Rural Area	0	Cost per Vehicle Hour	0
Vehicle Hours	0	ADA-Eligible Trips	0	Cost per Vehicle Mile	0

PART E — PROGRESS REPORT

◯ YES ◯ NO	*I have submitted a Progress Report for this Request for Reimbursement Invoice to my Grant Manager. (RTAP, 5316, and 5317 only)*	When you submit this invoice, email a Progress Report to your Grant Manager. Include items under your contract and scope of work. Describe what scope of work components this invoice is covering.

◯ YES ◯ NO	*I certify that to the best of my knowledge and belief the information and data in this Request for Reimbursement Invoice are correct and that all the outlays were made in accordance with the grant conditions or other agreements and that payment is due and has not been previously received.* Clicking "NO" will allow you to save your work and return to it later.

PART G — DBE PARTICIPATION DETERMINATION *completed by CDOT staff*

Expense Line Items	**Administration OR Planning Expenses** (planning under 5316 only)	**Operating Expenses**
Total Expenses		
Salary and Wages		
Employee Benefits		
Utilities		
Insurance		
License Taxes and Fees		
SUBTOTAL		
TOTAL CONTRACTING OPPORTUNITIES		