Appendix H  Reimbursement Instructions for Capital Projects

After execution of your contract, WSDOT will send you a customized invoice form to be used for requesting reimbursement. Additional versions of the invoice form may be created in order to accommodate amendments to your contract. The instructions below can also be found on the Instructions tab of your invoice template workbook. An example of a blank reimbursement form is shown at the end of this appendix.

Vehicle procurements made with federal funds require extensive backup documentation as indicated in Section 8 below. Projects funded with state grant funds require fewer backup documents. See Chapter 3, Requesting Capital Grant Reimbursements section for additional details.

Instructions for Capital Equipment and Vehicle Grant Reimbursement Requests

Submit reimbursement request forms to:
→ PTDInvoices@wsdot.wa.gov
→ cc to the assigned community liaison
→ Subject line on email: as shown on the reimbursement request form (agreement number, billing period, agency name)

Reimbursement request forms for capital grants may be submitted after significant expenditures have been incurred. Reimbursement requests submitted for a vehicle purchase should be submitted within 30 days after the acceptance of the vehicle.

1) Follow the steps below. Please advise if changes are needed.
   a. **Organization name and address:** Agency’s name and address where you want the payment to be sent.
   b. **Vendor ID number:** Statewide vendor number or your federal tax ID number. If you do not have a statewide vendor number, please contact us and we will send you a form.
   c. **RFP/publish date:** Enter the date you published the request for bid for this capital project. If using another agency or state contract, enter the published date for the original solicitation.
   d. **Contract award date:** Enter the date the contract was executed with the vendor for this project.
   e. **Contract completion date:** Enter the date the contact with the vendor was completed for this project.
   f. **Invoice date:** Fill in the date the reimbursement request form was completed.
   g. **Agreement number:** WSDOT will fill in the agreement number. That number should match the number on your grant agreement from WSDOT.
   h. **Billing period:** From the drop-down list, select the time period covered by your reimbursement request.
   i. **Invoice #:** This field auto-populates based on the information provided above. This number will be used to track your reimbursement in our system.
   j. **Final request:** From the drop-down list, select either ‘Yes’ or ‘No’ to your reimbursement request.

2) **Equipment:** The information in this section will vary based on the type of equipment purchased. When purchasing vehicles, it is important that all the information requested on the form is filled out.
   a. **Equipment description:**
      i. For vehicles: enter the year, make, and model of each vehicle purchased.
      ii. For other equipment: enter the equipment description.
   b. **VIN/serial number:**
      i. For vehicles: enter the vehicle identification number.
      ii. For other equipment: enter the serial number, if any, from each piece of equipment.
   c. **Grantee vehicle number:** Enter the number assigned to the vehicle by your agency.
d. **Gross vehicle weight**: (not applicable to vans and other equipment): Enter the length & gross vehicle weight of the vehicle.

e. **Passenger seats/WC securements**: Enter the number of passengers each vehicle will accommodate (include fold down seat spaces over wheelchair securements).

f. **ADA accessible**: From the drop-down list, select either ‘Yes’ or ‘No’ to indicate whether the vehicle is accessible to persons with disabilities.

g. **Date accepted**: Enter the date in which your agency notified the vendor that the vehicle had been accepted.

h. **Cost**: Enter the amount shown on the vehicle vendor invoice less any pre/early-payment discounts, rebates or refunds given. Additionally, public transit agencies need to deduct the transit portion of the sales tax paid on the vehicles since the tax is not eligible for reimbursement by WSDOT.

3) **Factory visit trip**: If your agency was required to conduct a pre-authorized on-site visit to the manufacturer, a factory visit trip travel worksheet must be completed and attached. After the worksheet is completed, transfer the calculated costs to the reimbursement request form. Factory visit trip expenses may be billed separately. If a trip was not taken, attach an explanation.

4) **Total cost**: Enter the total amount from the equipment purchases and add the Factory Visit Trip expenses. A formula has been inserted to calculate these expenses automatically.

5) **Less local share**: Calculate your agency’s local share using, at a minimum, the percentage provided in your contract with WSDOT. You may provide a higher match percent if necessary or desired.

6) **Reimbursement requested**: Subtract the local share from the total costs. A formula has been inserted to calculate these expenses automatically.

7) **Signature block**: Your chief executive officer or financial manager must sign the reimbursement request. WSDOT will not issue payment if the form is not signed.

8) Required attachments for capital grants:
   a. **Vendor invoices**: attach copies of all corresponding vendor invoices.
   b. **Factory visit trip (if factory visit was required and performed)**:
      i. Factory visit travel worksheet
      ii. Trip itinerary and all related receipts except meal receipts
      iii. Explanation if trip was not taken
   c. **Post-delivery inspection forms**:
      i. Visual inspection form
      ii. Road test form
      iii. Post-delivery ‘Buy America’ compliance certification
      iv. Post-delivery ‘Buy America’ audit report (American Content report)
      v. Post-delivery ‘purchaser requirements’ compliance certification
   d. Copy of the vehicle registration certificate
   e. Copy of liability insurance certificate
   f. Copy of your vehicle acceptance letter to the vendor

9) Scan the completed and signed reimbursement request and email it to PTDInvoices@wsdot.wa.gov and cc to your community liaison.

10) The subject line of the email should match the subject text as it appears on your reimbursement request (Row 31, Columns F-Q).
### Capital Equipment and Vehicle Grant Reimbursement Form

**Subject:** Capital Equipment and Vehicle Grant Reimbursement

**Email a scan of the signed original with supporting documents to:** [YourEmail@Example.com]

<table>
<thead>
<tr>
<th>Reimbursement Requested</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>33% Local Share (if applicable)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Cost</td>
<td></td>
</tr>
<tr>
<td>Factory Visit/Trip Cost (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**Final Reimbursement:**

<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Period</td>
<td></td>
</tr>
<tr>
<td>Agreement Number</td>
<td></td>
</tr>
<tr>
<td>Contract Award Date</td>
<td></td>
</tr>
<tr>
<td>FPMT FPMT Publish Date</td>
<td></td>
</tr>
</tbody>
</table>

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**For WSDOT Only:**

- **If a Copy of Travel Worksheet is Not Taken:** Please fill out the Factory Visit/Trip Worksheet to calculate costs. If a copy is not taken, the cost is not included.

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**Department of Transportation**

**Public Transportation Division**

**Washington State**
Instructions for Capital Construction Grant Reimbursement Requests

Submit reimbursement request forms via email to:

→ PTDInvoices@wsdot.wa.gov
→ cc to the assigned community liaison
→ Subject line on email: as shown on the reimbursement request form (agreement number, billing period, agency name)

Reimbursement request forms for operating grants may be submitted monthly or quarterly.

1) Follow the steps below. Please advise if changes are needed.
   a. **Organization name and address**: Enter agency’s name and address where you want the payment to be sent.
   b. **Vendor ID number**: Statewide vendor number or your federal tax ID number. If you do not have a statewide vendor number, please contact us and we will send you a form.
   c. **Agreement number**: WSDOT will fill in the agreement number. That number should match the number on your grant agreement from WSDOT.
   d. **Invoice date**: Enter the date the reimbursement request form was completed.
   e. **Billing period**: From the drop-down list, select the time period covered by your reimbursement request.
   f. **Invoice #**: This field auto-populates based on the information provided above. This number will be used to track your reimbursement in our system.
   g. **Final request**: From the drop-down list, select either ‘Yes’ or ‘No’ for your reimbursement request.

2) **Construction expenses**: Report construction expenses for each phase funded under your agreement. The expenses should be reported on the line that corresponds to the phase title and description defined in the exhibit of your agreement.
   a. **Gross expenses**: Enter the total construction expenses during the billing period for the Project as defined in your agreement.
   b. **Local contribution**: Enter the total for local funds, if any, contributed to your project. BLG projects require 20 percent matching funds.
   c. **Amount requested**: A formula has been inserted to calculate these expenses automatically.

3) **Signature block**: Your chief executive officer or financial manager must sign the reimbursement request. WSDOT will not issue payment if the form is not signed.

4) Your project may be funded using a variety of sources. The information under the heading “for WSDOT use only” contains calculations identifying the amount and source(s) to be used for each project.

5) Scan the completed and signed reimbursement request including all supporting documents and email it to PTDInvoices@wsdot.wa.gov and cc to your community liaison.

6) The subject line of the email should match the subject text as it appears on your reimbursement request (Row 36, Columns D-M).
# Capital Construction Grant Reimbursement Form

**PUBLIC TRANSPORTATION DIVISION**

**Capital Construction Reimbursement Request**

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>Agreement Number:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>Invoice Date:</th>
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<table>
<thead>
<tr>
<th>City, State, and Zip:</th>
<th>Biling Period:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Vendor ID Number:</th>
<th>Invoice Number:</th>
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<table>
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<tr>
<th>Final Request:</th>
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**Project Phase - Right of Way / Acquisition**

<table>
<thead>
<tr>
<th>Gross Expenses</th>
<th>Ineligible Expenses</th>
<th>Net Expenses</th>
<th>Local Match</th>
<th>Amount Request</th>
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</thead>
<tbody>
<tr>
<td></td>
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**Project Phase - Construction**

<table>
<thead>
<tr>
<th>Gross Expenses</th>
<th>Ineligible Expenses</th>
<th>Net Expenses</th>
<th>Local Match</th>
<th>Amount Request</th>
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<td>0.00</td>
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<td>0.00</td>
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**Totals From All Phases**

<table>
<thead>
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<th>Gross Expenses</th>
<th>Ineligible Expenses</th>
<th>Net Expenses</th>
<th>Local Match</th>
<th>Amount Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
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I hereby certify that the costs shown on this invoice reflect the true and actual costs incurred against this agreement.

Signature Date Name and Title of Signatory

Email a scan of the signed original and supporting documents to PTDInvoices@wsdot.wa.gov and Cc to the assigned Community Liaison

subject: 0 0

For WSDOT Only:

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Reviewed by:

Community Liaison Date

Approved by:

Business Services Staff Date