

**Public Transportation Division
Capital Construction Grant - Reimbursement Request
Regional Mobility Grant Program**

Organization: _____
 Address: _____
 City, State, and Zip: _____

Agreement Number: _____
 Vendor ID Number: _____
 Progress Bill #: **1**
 Reimbursement Request Date: _____
 Final Request?: _____
 Billing Period: _____

Project Title: _____

Project Phase - Preliminary Engineering/Design

Gross Expenses	Local Match	Amount Requested
		0.00

Project Phase - Right of Way

Gross Expenses	Local Match	Amount Requested
		0.00

Project Phase - Equipment

Gross Expenses	Local Match	Amount Requested
		0.00

Total From all Phases (will compute automatically)

Gross Expenses	Local Match	Total Amount Requested
0.00	0.00	0.00

I hereby certify that the costs shown on this invoice reflect the true and actual costs incurred against this agreement.

 Signature Date

 Type Name of Signatory

 Type Signatory's Title

Reviewed By: _____ Date
 WSDOT Program Manager
 Reviewed By: _____ Date
 WSDOT Accounting Staff
 Approved By: _____ Date
 WSDOT Approving Authority

Return original signed hard copy with supporting documents to:

WSDOT Public Transportation Division
 Regional Mobility Grant Program
 Attn: PTD Financial Support
 PO Box 47387
 Olympia, WA 98504-7387

Date Stamp

WSDOT USE ONLY
Job Number:
Work Op:
Object:
Org Code:
Fund Source: