

The following information will assist grantees with completing the reimbursement request forms for the project. Sample copies of the following forms with detailed instructions are included in this appendix:

- [Consolidated Grant – Operating Reimbursement Request](#)
- [Consolidated Grant – Capital Equipment and Vehicle Reimbursement Request](#)
- [Discretionary Grant Program – Capital Construction Grant Reimbursement Request](#)
- [Factory Visit Trip Expense Worksheet](#)

Reimbursement request forms are in Excel format. The Washington State Department of Transportation (WSDOT) provides grantees with a personalized electronic reimbursement request form containing formulas that calculate the reimbursement and the charge to each funding source. Hidden pop up boxes with helpful information have been added to the forms. Move the cursor over a flagged cell and instructions will appear.

Note: WSDOT will not process quarterly reimbursement requests from grantees if the corresponding quarterly progress report has not been received. Reimbursement requests and progress reports must be completed on the proper forms. Modified or other revised forms will not be accepted.

Consolidated Grant – Operating Reimbursement Request Form

Reimbursement request forms for Consolidated Grant operating projects may be submitted monthly or quarterly. WSDOT prefers reimbursement request forms for operating grants to be submitted quarterly and no later than 30 days after a quarter has ended.

Instructions to Complete the Form

The instructions below are included with the electronic version of the reimbursement request form that WSDOT emails to you. Some information is already entered on the form. Notify WSDOT if changes are needed.

1. The following information contained in the heading section must be completed:
 - a. **Organization and Address** – Organization’s name and address where the reimbursement will be sent.
 - b. **Agreement Number** – Number shown on the WSDOT agreement for this project.
 - c. **Vendor ID Number** – Number assigned to your organization by the Internal Revenue Service or by WSDOT. This number is used as your vendor identification.
 - d. **Progress Bill Number** – Enter 1 for the first reimbursement submitted, 2 for second reimbursement, and so on.
 - e. **Reimbursement Request Date** – Date the form was completed.
 - f. **Final Request** – Enter “yes” if this is the final reimbursement request for this project.

- g. **Billing Period** – Time period expenses were incurred.
2. Enter the following operating expenses and revenue associated with the project.
- a. **Gross Expenses** – Total operating expenses during the billing period for the transportation services defined for your project in the agreement. Add in-kind expenses if including in-kind as local match.
- b. **Fares and Donations** – Any income received from passengers for transportation services provided to them.
- c. **Ineligible Expenses** – Total of any ineligible expenses and/or depreciation of equipment purchased with federal and/or state funds. Some examples of ineligible expenses are:
- Depreciation on vehicles funded with WSDOT grant funds.
 - Expenses incurred outside the timeframe of the grant period.
 - Travel expenses for trips taken outside of the state of Washington without pre-approval from WSDOT.
 - Expenses reimbursed by WSDOT or any other organizations under scholarship programs, including portions paid with local funds.
 - Annual or sick leave earned outside of the grant period.
 - Cost of organized fund raising, including financial campaigns, solicitations of gifts and bequests, and similar expenses to raise capital or obtain contributions.
 - Fines and penalties.
 - Bad debts.

Note: A more comprehensive listing of allowable and unallowable expenses may be found in OMB Circular A-87, Attachment B, Selected Items of Cost.

- d. **Net Expenses** – The Net Expenses (balance after the Fares, Donations, and Ineligible Expenses) are subtracted from the Gross Expenses. This will be automatically calculated by a formula in the electronic form.
- e. **Local Match** – The total of all other local dollars and resources (including any in-kind) that your organization contributed/expended that directly relates to the project (see [Chapter 2](#)).
3. **Total Amount Requested** – Subtract the Local Match from the Net Expenses. This will be automatically calculated by a formula in the electronic form.
4. **Fund Source** – The electronic form contains equations to distribute the Total Amount Requested between the funding types awarded for each project. Grantees are strongly encouraged to use the electronic form provided with the agreement. However, if you need to use a paper version of the form, leave this section blank. The project may be funded by Rural Mobility Competitive, Rural Mobility Transit Formula, Paratransit/Special Needs for Non-Profit, Paratransit/Special Needs Transit Formula, FTA 5309, FTA 5310, FTA 5311, FTA 5316 (JARC), and/or FTA 5317 (New Freedom) funds.
5. **Signature Block** – The reimbursement request form must be signed by the appropriate authorized individual at your organization. WSDOT will not issue payment if the reimbursement request form is not signed.

Instructions for Operating Grant Reimbursement Requests

Use only the form dated 01/11- Reimbursement Requests submitted on outdated forms must be resubmitted

- 1) Reimbursement Request forms for operating grants may be submitted monthly or quarterly. We prefer that the forms be submitted quarterly.
- 2) Fill out all information in the heading: the Organization Name, Address, and Vendor ID Number will be completed. Please advise if changes are needed.

Organization and Address: agency's name and address to which the payment will be sent

Agreement Number: agreement number shown on your contract with WSDOT

Vendor ID Number: number assigned to your organization by the Internal Revenue Service or by WSDOT

Progress Billing #: Enter 1 for the first Reimbursement Request submitted, 2 for the second, etc.

Reimbursement Request Date: date the Reimbursement Request form was created

Billing Period: time period covered by the form

Final Request: enter yes or no if this is your final Request

- 3) Operating Expenses: report operating expenses for each project funded under your agreement. You may report up to three projects per form. If you have more than three projects, complete and attach an additional Reimbursement Request. The project must be reported on the line that corresponds to the project title and description defined in the Appendix of your contract (Project A of the Appendix reported under Project A of the Reimbursement Request).

Gross Expenses: total operating expenses during the billing period for the transportation services defined for your project in the agreement

Fares and Donations: any income received from passengers for transportation services provided to them

Ineligible Expenses: any ineligible expenses and/or depreciation of equipment purchased with federal funds. See 'Guide to Managing Your Public Transportation Grant', Appendix A, Page 3, Section 2c for examples.

Net Expenses: subtract the Fares, Donations, and Ineligible Expenses from the Gross Expenses. A formula has been inserted to calculate these expenses automatically.

Local Match: funds contributed for your transportation services directly related to your project. Funds diverted to a capital reserve account should not be included.

Total Amount Requested: subtract the Local Match from the Net Expenses. A formula has been inserted to calculate these expenses automatically.

- 4) Your project may be funded by: Rural Mobility Competitive, Rural Mobility Transit Formula, Paratransit/Special Needs for Non-Profit, Paratransit/Special Needs Transit Formula, FTA 5311, FTA 5311(f), JARC, Regional Mobility or Other fund to be determined. This form was created to be completed electronically and will calculate these expenses based on the project fund sources defined in your contract with WSDOT. If you prefer to manually fill in the Reimbursement Request, a blank form will be provided to you upon request.
- 5) Signature Block: the Reimbursement Request must be signed by your Chief Executive Officer or Financial Manager. Payment will not be issued if the form is not signed.
- 6) Send completed Reimbursement Requests to:

Consolidated Grant Program Return original signed hard copy to:

WSDOT Public Transportation Division

Attn: PTD Financial Support

PO Box 47387, Olympia, WA 98504-7387

Instructions - Operating

Instructions for Operating Grant Reimbursement Requests Page 2 of 2

Consolidated Grant – Capital Equipment and Vehicle Reimbursement Request Form

Reimbursement request forms for Consolidated Grant capital projects may be submitted after a significant amount of expenses have been incurred. If submitting a reimbursement request for a vehicle purchase, forms must be submitted no later than 30 days after the acceptance of the vehicle.

Note: Quarterly progress reports detailing your organization's procurement milestones are still required to be submitted electronically even if no expenses have been incurred and a reimbursement request form is not submitted.

Instructions to Complete the Form

The instructions below are included with the electronic version of the reimbursement request form that WSDOT emails to you. Some information is already entered on the form. Notify WSDOT if changes are needed.

1. The following information contained in the heading section must be completed:
 - a. **Organization Name and Address** – Organization's name and the address where the payment will be sent.
 - b. **Reimbursement Request Date** – Date the form was completed.
 - c. **IFB or RFP Publish Date** – Date the invitation for bid or request for proposal was published. If piggybacking another contract, list the issue date from the underlying bid and identify the bid number.
 - d. **Contract Award Date** – Date your organization has contracted with the vendor (i.e., purchase order date or date of signed contract).
 - e. **Contract Completion Date** – Date the last vehicle under the contract was accepted. If additional vehicles are expected to be delivered under this contract, leave this box blank.
 - f. **Agreement Number** – Number shown on the WSDOT agreement for this project.
 - g. **Vendor ID Number** – Number assigned to your organization by the Internal Revenue Service or by WSDOT. This number is used as your vendor identification.
 - h. **Progress Bill Number** – Enter 1 for the first reimbursement submitted, 2 for second reimbursement, and so on.
 - i. **Final Request** – Enter "yes" if this is the final reimbursement request for this project.

2. **Equipment** – The information in this section will vary based on the type of equipment purchased. All information requested must be provided before WSDOT will issue a reimbursement.
 - a. **Equipment Description**
 - **Vehicles** – Year, make, and model of each vehicle purchased.
 - **Other Equipment** – Equipment description.
 - b. **VIN/Serial Number**
 - **Vehicles** – Vehicle Identification Number (VIN).
 - **Other Equipment** – Serial number from each piece of equipment.
 - c. **Grantee Vehicle Number (vehicles only)** – Number assigned to each vehicle by your organization.
 - d. **Gross Vehicle Weight (not applicable for vans or other equipment)** – Gross weight of the vehicle.
 - e. **Passenger Seats/Wheelchair Securements** – Number of passengers each vehicle will accommodate, followed by the number of wheelchair securement areas.
 - f. **ADA Accessible** – Indicate whether the vehicle is accessible to persons with disabilities. (All vehicles must meet federal ADA requirements except for vanpool vehicles. Grantees may purchase non-accessible vanpool vehicles as long as their vanpool fleet contains at least one accessible vehicle, or there is a plan in place to acquire an accessible vehicle for placement in vanpool operations.)
 - g. **Date Accepted** – Date that your organization notified the vendor that the vehicle was accepted.
3. **Cost** – Amount shown on the vendor invoices less any pre-payment discounts, rebates and/or refunds given. Public transit agencies also need to deduct the ineligible local sales tax that is collected on its behalf from the invoiced cost.
4. **Factory Visit Trip** – If your organization conducted an on-site visit to the manufacturer, a Factory Visit Trip Expense Worksheet must be completed. After the worksheet is completed, transfer the calculated costs to the reimbursement request form.
5. **Less Local Share** – Calculate your organization's local share using the percentages provided in the grant agreement.
6. **Reimbursement Requested** – Subtract the local share from the total costs.
7. **Signature Block** – The reimbursement request form must be signed by the appropriate authorized individual at your organization. WSDOT will not issue payment if the reimbursement request form is not signed.

8. Required Attachments for Capital Grants

- a. Vendor Invoices – All vendor invoices related to the expenses you are billing.
- b. Factory Visit Trip
 - A completed Factory Visit Trip Expense Worksheet calculating expenses and state per diem rates.
 - A trip itinerary and all travel expense receipts except for meal receipts.
- c. Explanation if trip was not taken.
- d. Post-Delivery Inspection Forms (see [Appendix C](#) for sample forms)
 - Visual Inspection Form
 - Road Test Form
- e. Post-Delivery Certification Forms
 - Post-Delivery “Buy America” Compliance Certification
 - Post-Delivery “FMVSS” Compliance Certification
 - Post-Delivery “Purchaser Requirements” Compliance Certification
- f. Copy of the vehicle registration.
- g. Copy of the insurance certificate.
- h. Copy of your vehicle acceptance letter to the vendor.

Note: If the required documents are not received with the reimbursement request form, the reimbursement will be placed on hold until the documents are received.

Instructions for Capital Equipment and Vehicle Grant Reimbursement Requests

Use only the form dated 02/11 - Reimbursement Requests submitted on outdated forms must be resubmitted

- 1) 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.
- 2) Fill out all information in the heading: the Organization Name, Address, and Vendor ID Number will be completed. Please advise if changes are needed.

Organization Name and Address: agency's name and address to which the payment will be sent
Reimbursement Request Date: the date the Reimbursement Request form was created
RFB Publish Date: the date the request for bid was published for your project (**REQUIRED**)
Contract Award Date: the date the contract was executed with the vendor for your project (**REQUIRED**)
Contract Completion Date: the date the contract with the vendor was completed for your project (**REQUIRED**)
Agreement Number: the agreement number shown on the your contract with WSDOT for this project
Vendor ID Number: number assigned to your agency by the Internal Revenue Service or by WSDOT
Progress Billing #: Enter 1 for the first Reimbursement Request submitted, 2 for the second, etc.
Final Request: enter yes or no if this is your final Request

- 3) 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.

Equipment Description:

Vehicles: enter the year, make, and model of each vehicle purchased

Other Equipment: enter the equipment description

VIN/Serial Number:

Vehicles: enter the vehicle identification number

Other Equipment: enter the serial number from each piece of equipment

Grantee Vehicle Number: number assigned to the vehicle by your agency

Gross Vehicle Weight (not applicable to vans and other equipment):

Enter the length & Gross Vehicle Weight of the vehicle

Passenger Seats/WC Securements: number of passengers each vehicle will accommodate (include fold down seat spaces over wheelchair securements)

ADA Accessible: indicate whether the vehicle is accessible to persons with disabilities

Date Accepted: date in which your agency notified the vendor that the vehicle had been accepted

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.

- 4) 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.
- 5) 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.
- 6) 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.
- 7) Reimbursement Requested: subtract the Local Share from the Total Costs. A formula has been inserted to calculate these expenses automatically.
- 9) 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.

- 10) Required attachments for capital grants:
- Vendor Invoices: attach copies of all corresponding vendor invoices
 - Factory Visit Trip* (If factory visit was required and performed):
 - Factory Visit Travel Worksheet
 - Trip Itinerary and all related receipts except meal receipts
 - Explanation if trip was not taken
 - Post Delivery Inspection Forms*:
 - Visual Inspection Form
 - Road Test Form
 - Post Delivery 'Buy America' Compliance Certification
 - Post Delivery 'FMVSS' Compliance Certification
 - Post Delivery 'Purchaser Requirements' Compliance Certification
 - Copy of the vehicle registration certificate
 - Copy of liability insurance certificate
 - Copy of your vehicle acceptance letter to the vendor
- 11) Mail completed Reimbursement Requests and supporting documents to:
- Consolidated Grant Program Return original signed hard copy to:*
WSDOT Public Transportation Division
Attn: PTD Financial Support
PO Box 47387, Olympia, WA 98504-7387

Discretionary Grant Program – Capital Construction Grant Reimbursement Request Form

Reimbursement request forms for discretionary capital construction project grants may be submitted monthly or quarterly. WSDOT prefers reimbursement request forms be submitted quarterly and no later than 30 days after a quarter has ended.

Instructions to Complete the Form

The instructions below are included with the electronic version of the reimbursement request form that WSDOT emails to you. Some information is already entered on the form. Notify WSDOT if changes are needed.

1. The following information contained in the heading section must be completed:
 - a. **Organization Name and Address** – Organization’s name and address where the reimbursement will be sent.
 - b. **Agreement Number** – Number shown on the WSDOT agreement for this project.
 - c. **Vendor ID Number** – Number assigned to your agency by the Internal Revenue Service or by WSDOT. This number is used as your vendor identification.
 - d. **Progress Bill Number** – Enter 1 for first reimbursement submitted, 2 for second reimbursement, and so on.
 - e. **Reimbursement Request Date** – Date the form was completed.
 - f. **Final Request** – Enter “yes” if this is your final reimbursement for this project.
 - g. **Billing Period** – Time period for expenses incurred.
2. Enter your construction expenses and revenue for the phases of the project when work was performed, such as design, right of way, and construction. It is important to note the amount budgeted in your grant agreement for each of these phases so you do not bill more than the amount budgeted for each phase. The amounts budgeted for each phase can be changed through an amendment upon request.
 - a. **Gross Expenses** – Total construction expenses during the billing period for the project activities defined for the activity in the agreement.
 - b. **Local Match** – The percentage of local funds (i.e. cash) paid to support each activity of the project. The percentage is specified in your grant agreement and must be from eligible, non-USDOT funds. In-kind donations cannot be used as match.
3. **Total Amount Requested** – Subtract the Local Match from the Net Expenses. This will be automatically calculated by a formula in the electronic form.

4. **Signature Block** – The reimbursement request must be signed by the appropriate authorized individual at your organization. WSDOT will not issue payment if the reimbursement request form is not signed.
5. Required documents for Discretionary Grant construction reimbursement requests:
 - a. Copies of all vendor invoices for eligible costs incurred to complete the project. Eligible costs may consist of contracted A&E and Construction Management services, land acquisition, permits, environmental testing and surveying costs and construction materials and labor. All federally funded projects involving contracted and subcontractor labor must collect and report prevailing wage information for their project. Refer to your organization's grant agreement Scope of Work and Budget for eligible expenditure categories and amounts.

**Washington State Department of Transportation
Public Transportation Division
Capital Construction Grants - Reimbursement Request**

Agreement Number: _____
 Organization: _____
 Address: _____
 City, State, and Zip: _____
 Federal ID Number: _____

Invoice Date: _____
 Billing Period: _____
 Progress Billing #: _____
 Final Request?: _____

Project Title: _____

Project Phase - A&E and Project Management				
Gross Total Expenses	Less Ineligible Expenses	Net Expenses	Less Local Contribution	BLG Amount Requested
		0.00		0.00

Project Phase - Right of Way / Acquisition				
Gross Total Expenses	Less Ineligible Expenses	Net Expenses	Less Local Contribution	BLG Amount Requested
		0.00		0.00

Project Phase - Construction				
Gross Total Expenses	Less Ineligible Expenses	Net Expenses	Less Local Contribution	BLG Amount Requested
		0.00		0.00

Totals From All Phases (will compute automatically)				
Gross Total Expenses	Less Ineligible Expenses	Net Expenses	Less Local Contribution	Total ARRA Amount Requested
0.00	0.00	0.00	0.00	0.00

 Signature Date

 Print Name of Signatory

 Print Signatory's Title

Reviewed by: _____
 WSDOT Project Manager Date
 Reviewed by: _____
 WSDOT Accounting Staff Date
 Approved by: _____
 WSDOT Approving authority Date

Return original signed hard copy with supporting documents to:

Bus Livability Grant Program
 WSDOT Public Transportation Division
 David Chenaar
 PO Box 47387
 Olympia, WA 98504-7387

Please attach all back-up documentation:

- 1) Please provide Expense Summary.
- 2) Please provide copies of all invoices.
- 3) Please provide copies of all sub contracts.

For WSDOT Only:

Job Number	Work Op	Object	Org Code	Total:

Factory Visit Trip Expense Worksheet

All out-of-state travel must be pre-approved in writing by WSDOT to be reimbursable under the grant agreement. The Factory Visit Trip Expense Worksheet must be completed to verify and calculate the travel expenses eligible for reimbursement. Once complete, attach the worksheet and copy of WSDOT's approval letter/email to the reimbursement request form.

Instructions to Complete the Form

Enter the traveler's name, organization, and corresponding grant agreement number on the top line. Enter the meeting location (company, city, and state) and date(s) of meeting on the second line. Indicate the normal work schedule for the traveler as if they were normally reporting for work on the third and fourth lines. This will assist with determining per diem eligibility.

Next, calculate your travel expenses as follows:

Personal Auto Mileage – List the miles traveled to and from the airport if traveling by plane. Multiply the total miles by the current POV mileage rate and enter the sum. Contact a WSDOT employee to verify the rate or go to www.ofm.wa.gov/resources/travel/colormap.pdf. If using an airport shuttle service, enter the cost and attach a copy of the receipt.

Meals – The cost of meals are reimbursed based upon per diem and not actual receipts. For out-of-state per diem rates, go to www.gsa.gov/portal/category/21287 and look up city and state traveled to. Enter the number of meals and the per diem rate the traveler qualifies for. Calculate the total and enter the sum. You do not need to attach any receipts for the cost of meals.

Miscellaneous Expenses – Enter any incurred parking fees, lodging (limited to government rates found on the GSA website), airfare and other itemized expenses such as car rentals with copies of the receipts. Enter the total amount.

Add the three subtotals together to determine the Total Factory Visit Trip Expense. Enter the total trip expenses on the reimbursement request as indicated on the form and attach the worksheet, copies of receipts, and WSDOT's approval notice to the reimbursement request form.

If traveling to the same factory for multiple vehicles funded under different grants, divide the trip expenses proportionately between the vehicles funded. If you have any questions in completing the form, contact WSDOT staff for assistance.

Factory Trip Expense Worksheet

Traveler's Name & Agency: _____ Agreement # _____

Meeting Location: _____ Date(s) of Meeting: _____

Please provide your normal work schedule (i.e. Monday-Friday, 8:00 am – 5:00 pm)

Departure: date, time, and location from home or work: _____

Return: date, time, and location to home or work: _____

Personal Auto Mileage

Miles Driven to Airport _____

Miles Driven from Airport _____

Total Miles _____ x .565 = \$ _____

Meals

Breakfast _____ Meals @ \$ _____ = \$ _____

Lunch: _____ Meals @ \$ _____ = \$ _____

Dinner: _____ Meals @ \$ _____ = \$ _____

Total Meals _____ \$ _____

Miscellaneous Expenses

Parking Fees: _____

Lodging: _____

Airfare: _____

Other (Specify): _____

Total Miscellaneous Expenses _____ \$ _____

TOTAL FACTORY TRIP EXPENSE: _____ \$ _____

Travel itinerary and receipts must be submitted for all expenses except meals.

Attach your written trip pre-authorization from WSDOT and this form to your Reimbursement Request form.

**Note: Lodging, mileage, and meals are reimbursed at the state per diem rates. State per diem rates are subject to change. For state per diem rates at your destination visit the Web at: www.ofm.wa.gov/resources/travel.asp or contact a WSDOT Public Transportation Division staff member.*

2013-2015 Trip Expense Worksheet

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