Washington State Department of Transportation

Public Transportation Division
Capital Equipment and Vehicle Grant - Reimbursement Request
Regional Mobility Grant Program

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

Reimbursement Request Date: _____
RFB Publish Date: _____
Contract Award Date: _____
Contract Completion Date: _____

Agreement Number: _____
Vendor ID Number: _____
Progress Bill #: _____
Final Request?: _____

If Pre-Award Audit Trip was taken, please fill out the Pre-Award Audit Travel Worksheet to calculate costs. If trip was not taken, attach explanation.

Project A : Enter number and type/description of equipment/vehicle being purchased here.

Equipment Description	VIN/Serial Number	Vehicle Purchases Only: Grantee Vehicle #	Gross Vehicle Weight	Passenger Seats/WC Securements	ADA Access Yes/No	Date Accepted	Cost

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

Factory Visit Trip Cost (if applicable): _____
Total Cost: $0.00
Less Local Share (per agreement): _____
Reimbursement Requested: $0.00

Signature _____ Date _____

Type Name of Signatory _____ Type Signatory's Title _____

For WSDOT use only				
Job Number	Work Op	Object	Org Code	**Amount**
	0723	NZ13	631020	

Reviewed By: _____ WSDOT Program Manager _____ Date

Reviewed By: _____ WSDOT Accounting Staff _____ Date

Approved By: _____ WSDOT Approving Authority _____ Date

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