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: _____
Vendor ID Number: _____

RFP/ITB Publish Date: _____
Contract Award Date: _____
Contract Completion Date: _____

Invoice Date: _____
Agreement Number: _____
Billing Period: _____
Invoice Number: 0
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, attached explanation.

Project A :

Vehicle Purchases Only

Item Description	VIN/Serial Number	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.

Signature _____ Date _____

Type Name of Signatory _____ Type Signatory's Title _____

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

Email a scan of the signed original with supporting documents to PTDInvoices@wsdot.wa.gov and Cc to the assigned Community Liaison
Subject: 0 0

For WSDOT Only:

Job Number	Work Op	Obj.	Org. Code	Amount	Voucher #
				-	

Reviewed by: _____
Community Liaison Date

Approved by: _____
Business Services Staff Date