

**PUBLIC TRANSPORTATION DIVISION**  
**Capital Construction Grant - Reimbursement Request**  
**Regional Mobility Grant Program**

Organization Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, and Zip: \_\_\_\_\_  
 Vendor ID Number: \_\_\_\_\_

Agreement Number: \_\_\_\_\_  
 Invoice Date: \_\_\_\_\_  
 Billing Period: \_\_\_\_\_  
 Invoice Number: **0**  
 Final Request: \_\_\_\_\_

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	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

\_\_\_\_\_  
 Print Name of Signatory and Title

Email a scan of the signed original with all supporting documents to  
 PTDIInvoices@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 #
	0723	NZ13	631020	-	

Reviewed by: \_\_\_\_\_  
 Community Liaison                   Date  
 Approved by: \_\_\_\_\_  
 Business Services Staff                   Date