

Request for Reimbursement

MUNICIPALITY	DISTRICT NO.	EA & Contract NO.	TOWN NO.

CHOOSE ONE BELOW:		% of Work Completed: _____ %	Amount Previously Paid Town:
Final Claim	Partial Claim		

Name and address of claimant:	Emergency Fund Grant
	Structures Grant
	Class 2 Roadway Grant
	Other (specify)

<p>I (WE) SWEAR TO THE CORRECTNESS OF THE STATEMENTS MADE IN THIS CLAIM AND THAT:</p> <ol style="list-style-type: none"> THE WORK IS COMPLETE AND HAS BEEN ACCEPTED BY THE MUNICIPALITY. THE WORK HAS BEEN PERFORMED IN ACCORDANCE WITH THE GRANT AGREEMENT WITH THE VERMONT AGENCY OF TRANSPORTATION FOR THIS PROJECT. THE TOWN HAS PAID FOR THE EXPENSES SHOWN HEREON (LABOR, EQUIPMENT, AND MATERIALS). 	<p>Original Award Amount: \$</p> <p>Amended Award Amount: \$</p> <p>Total state funds awarded: \$</p>
	<p>PROJECT COSTS:</p> <p>Total project costs to date: \$</p> <p>Minus previous payments: \$</p> <p>Minus municipality portion: \$</p> <p>Amount of payment: \$</p>
<p>_____</p> <p>(sign)</p> <p>_____</p> <p>(sign)</p> <p>_____</p> <p>(sign)</p> <p>_____</p> <p>(sign)</p> <p>_____</p> <p>(sign)</p>	<p>_____</p> <p>Authorized District Representative (sign)</p> <p>Approved Date _____</p>