

## Request for Reimbursement

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

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

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

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