



REQUEST FOR ROAD AID REIMBURSEMENT

SECTION 1: PROJECT & AGENCY INFORMATION

CITY/COUNTY		CONTACT NAME	
ADDRESS		CITY	STATE ZIP
EMAIL		PHONE	
PROJECT NAME <i>(from Agreement header)</i>			

SECTION 2: BILLING INFORMATION *(Attach documentation of all costs incurred. See Page 2, Section 4.)*

REQUEST DATE	SERVICE FROM <i>(MM/DD/YY)</i>	SERVICE TO <i>(MM/DD/YY)</i>	PAYMENT REQUEST # <i>(1, 2, 3, etc.)</i>
Is this a final request for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
AGREEMENT AMOUNT	AMOUNT PAID BY KYTC TO DATE	CURRENT REQUEST AMOUNT	

SECTION 3: AGENCY CERTIFICATION

I hereby certify that this is a true statement of costs incurred by our agency on the subject project and all work was accomplished in accordance with the agreement we signed with the Kentucky Transportation Cabinet.

NAME	TITLE
SIGNATURE	DATE

_____ **COUNTY JUDGE EXECUTIVE (MAYOR for City) SIGNATURE**

_____ **DATE**

FOR DEPARTMENTAL USE ONLY

AGREEMENT DATE		AGREEMENT AMOUNT	
PROGRAM		AMOUNT PAID BY KYTC TO DATE	
PROJECT AUTHORIZATION		AVAILABLE FUNDS	
		TOTAL COST OF PROJECT (OR CURRENT PORTION)	
PAYMENT REQUEST RECEIVED		20% AGENCY RESPONSIBILITY (IF APPLICABLE)	
REVIEWED BY		AMOUNT TO BE PAID BY KYTC	



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SECTION 4: DOCUMENTATION OF COSTS INCURRED *(Use this page multiple times if needed.)*

AGREEMENT ITEM		ATTACHED INVOICE # <i>(if applicable)</i>	CHECK #	COST
	Example: John's Rock Company	1234	1234	\$106.00
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		TOTAL <i>(this page)</i>		
<i>(Enter Grand Total amount as the Request Amount on Page 1, Section 2.)</i>		GRAND TOTAL <i>(all pages)</i>		