Kentucky Transportation Cabinet
Office of Local Programs

Reimbursement Request

Project Name:
Project Type: CMAQ ☐ SRTS ☐ NSB ☐ TCSP ☐ TE ☐

Vendor Name:		**Vendor Invoice No:**	
Vendor Address:		**Date of Request:**	
		Billing Period Service From – Service To (MM/DD/YY):	
Contact Name:		**Contract Number:**	**PO2-628-**
Contact Title:		**Authorization Number:**	
Telephone Number:		**Federal Numbers:**	**20.205 (CFDA),**

Budget Line Item	**Contract (Federal) Amount**	**Contract (Federal) Amount Paid To Date**	**Current Request**	**Contract (Federal) Amount Remaining**
			100.25	
TOTALS			$	
Less 20% Required Match	--	--	$	--
GRAND TOTAL	--	--	$	--

Vendor Certification

I hereby certify that the commodities or services specified have been furnished to the Commonwealth of Kentucky; that the quality and the prices conform to the proposal and purchase order or contract; that payment, in whole or in part, has not been received from KYTC or any other source; that all materials for which we seek reimbursement adhere to the federal Buy America provisions; that all materials testing related to this project follows the KYTC materials testing specifications; and that all records relating to these requirements have been included in the project file.

Signature

Print Name

Title

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(Continuation Page)

Project Title:
Contract Number:

Budget Line Item	Contract (Federal) Amount	Contract (Federal) Amount Paid To Date	Current Request	Contract (Federal) Amount Remaining
TOTALS			$	
Less 20% Required Match	--	--	$	--
GRAND TOTAL	--	--	$	--

Page 1 Total: $
Page 2 Total: $
Grand Total: $

Disadvantaged Business Enterprise (DBE) Payment Reporting

(When completing this form, please include copies of the invoices from the DBE and the checks to the DBE)

DBE Name	Contract Amount	Contract Amount Paid (To Date)	Amount Remaining to be Paid
TOTALS			$