

REQUEST FOR PAYMENT - SECTION 5310 - CAPITAL / EQUIPMENT

MISSOURI DEPARTMENT OF TRANSPORTATION

105 WEST CAPITAL AVE. – P.O. BOX 270

JEFFERSON CITY, MO 65102

Vendor Information

Vendor No.					
Agency Legal Name					
D/B/A (if applicable)					
Address					
City		State		Zip Code	

Invoice Information

Expense Period	From (mm/dd/yy)		To (mm/dd/yy)	
Payment Request No. (Indicate 1,2, 3 or 4)				

Grant Information

FTA Grant Project No.	
Federal Project No.	
Federal Grant Award	\$
Federal Grant Contract Period	

Computation of Amount of Reimbursement

Project Name	100% of Total Cost	Federal Share (80%)	Local Share (20%)
	\$	\$	\$
Amount of reimbursement requested		\$	
Approved Reimbursement Amount (MoDOT only)		\$	

Please attach supporting documentation that verifies expenditure reimbursement.

CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

Signature of Authorized Official

Date Request Submitted

Typed or Printed Name and Title

Telephone No. (Area Code & Extension)

If you have any questions, please call (573) 526-5500. Mail request for reimbursement to **Missouri Department of Transportation, Attn. Transit, P.O. Box 270, Jefferson City, MO 65102.**