

**REQUEST FOR PAYMENT - SECTION 5310 - MOBILITY MANAGEMENT**

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.

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**Signature of Authorized Official**

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**Date Request Submitted**

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**Typed or Printed Name and Title**

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**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.**