

REQUEST FOR PAYMENT - SECTION 5310 – 50/50 REIMBURSEMENT PROJCTS

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	

One-Way Trip Information

Number of one-way trips provided this period	
Number of hours of service provided this period	
Number of vehicles miles this period	

Operating Expenses

A. Total Operating Expenses This Report Period	\$
B. Less Ineligible Operating Expenses	\$
C. Less Fares	\$
D. Net Eligible Operating Expenses	\$
E. Applicant's Share (50% net loss)	\$
F. Operating Assistance Requested	\$
Approved Reimbursement Amount (MoDOT only)	\$

Please attach supporting documentation that verifies operating expenses for the period.

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.**