Grant Contract
Claim for Reimbursement

NDOR Highway Safety Office – NDOR-HSO
P.O. Box 94612, Lincoln, NE 68509-4612
Telephone: (402) 471-2515 FAX: (402) 471-3865
Website: http://www.roads.nebraska.gov/safety/hso/grants/grant-forms/

	Contractor IBT / Invoice #:	Date Submitted:
Contractor:	Telephone:	Contract #:
Contract Title:	Month of Expenditures:	Final Claim ☐

NDOR-HSO USE ONLY

	Federal Share
Total Expenditures	
Program Income	
Net Amounts	

PROJECT FINANCIAL SUMMARY

Current Month	Previous Months	Total to Date

NOTE: Supporting documentation for all expenditures above must be attached.

CERTIFICATION:

I hereby certify the foregoing document is consistent with the terms of the grant contract and is a true and accurate accounting of the expenditures.

Signature of Project Director

Signature of Authorized Official

Type/Print Name and Title

Type/Print Name and Title

Date

Date

NDOR-HSO USE ONLY

Total Reimbursement	
Project Manager Review Initial/Date	
Supervisor Review Initial/Date	
Administrator Review Initials/Date	
Local %	
Accountant Date Paid/Initial	
Warrant #	
NIS #	

NDOR DOC#	
AB#	
TRANS	OE
ACTIVITY	ACCOUNT
NIGP	DATE
APPROVED (PRINT NAME) Fred E Zwonechek	
APPROVED SIGNATURE	
Project:	Amount:

Distribution: Original to NDOR-HSO
Make Copy for Your File