

Mini-Grant Contract Claim for Reimbursement

To: NDOR Highway Safety Office P.O. Box 94612, Lincoln, NE 68509-4612 Telephone No.: 402-471-2515 FAX: 402-471-3865	Date:
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From:	Agency:	Invoice Number:
	Address:	
	City, State, Zip:	Project Number:
	Telephone No.:	
	Contact Person:	
	E-Mail:	

REIMBURSEMENT REQUEST

Description	Amount
NOTE: To process this reimbursement all supporting documentation listed on the Mini-Grant Contract must be attached.	Total

Current Claim Amount	Previous Claim Total <small>*Only use if previous claim has been made on this project.</small>	Total Claim to Date

CERTIFICATION

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

Signature of Authorized Official	Type/Print Name and Title	Date
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NDOR-HSO USE ONLY

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

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