

**Mini-Grant Contract
Claim for Reimbursement**

NDOT-HSO Use Only
Date Complete Invoice Received:

NDOT Highway Safety Office
P.O. Box 94612, Lincoln, NE 68509-4612
Telephone: (402) 471-2515 FAX: (402) 471-3865
http://dot.nebraska.gov/media/6204/cr_minigrant.pdf

From:	Agency:		IBT/Invoice #:
	Address:		
	City, State, Zip:		
	Telephone No.:		Project Number:
	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