



## Safe Routes To School REIMBURSEMENT INVOICE

Office of Planning & Preliminary Engineering/RIPD  
 State Highway Administration  
 707 N. Calvert Street, C-502, Baltimore, MD 21202  
 PHONE 410 545 8042/FAX 410 209 5025



<b>Project Title:</b> _____	<b>Quarter #:</b> _____
<b>Project Agency:</b> _____	<b>Period Covered:</b> _____
<b>Project Number:</b> _____	<b>From:</b> _____
<b>Final Claim?</b> <input type="checkbox"/>	<b>To:</b> _____

Remit payment to: \_\_\_\_\_ **Fed ID** \_\_\_\_\_

**Fund Recipient**

\_\_\_\_\_ **BPO#:** \_\_\_\_\_

**Street Address, City, State, Zip**

Cost Category	Reimbursement Limitation in Project Agreement	Total Reimbursement Previously Requested	Reimbursement this Period to be reimbursed by SHA (current invoice)	Total Reimbursement Requested To Date
Salaries & Benefits	\$0	\$0	\$0	\$0
Travel, Trng & Conf Fees	\$0	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0
Other Direct Costs	\$0	\$0	\$0	\$0
Indirect Costs	\$0	\$0	\$0	\$0
Other:	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Activity Reports for Project Funded Positions:**

Are Activity Reports included for each project funded position? *(required for processing)*  Yes  N/A

Are all Activity Reports signed by employee, supervisor and Project Director if different than supervisor?  Yes  N/A

**Law Enforcement Overtime:**

Are all law enforcement hours clearly documented by name, date, number of hours, and hourly rate?  Yes  N/A

Are Law Enforcement Log Sheets attached? *(required for processing)*  Yes  N/A

**Contractual Services:**

Were all approvals granted (NEPA, ROW, MHT, Materials App, Federal Aid) prior to work being performed?  Yes  N/A

Are contractual services itemized and clearly noted on any invoices to be specific to your project?  Yes  N/A

**Educational Materials, Incentive Items, or Media:**

Did you request SRTS review & receive prior approval for the production of these items?  Yes  N/A

Is a final sample for each attached for SRTS files? *(required for processing)*  Yes  N/A

**Equipment approved in project having a per unit cost of \$100 or more:**

Did you request & receive an approval letter from SRTS prior to the purchase?  Yes  N/A

Is an Equipment Accountability Report attached for each such item? *(required for processing)*  Yes  N/A

**The information provided herein is accurate, and the above-requested reimbursement represents true and actual expenditures during this period in accordance with the terms and conditions of the Project Agreement. Documentation supporting these expenditures has been provided.**

Project Director Signature	Date	Other Official Signature (Optional)	Date
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**FOR SHA USE ONLY**

SRTS Grants Manager Signature: _____		Date: _____	
Charge # _____	Amount: _____	Entered into FMIS: _____	
Charge # _____	Amount: _____	Initials _____	Date _____
Invoice# _____	Index: _____	AGCY OBJ: 9083	Voucher #: _____
Financial Officer Signature: _____		Date: _____	

