



**TA 65**

**Request for Reimbursement**

MUNICIPALITY	DISTRICT NO.	EA & Contract NO.	TOWN NO.

<b>CHOOSE ONE BELOW:</b>	% of Work Completed:	Amount Previously Paid Town:
<input type="checkbox"/> <b>Final Claim</b> <input type="checkbox"/> <b>Partial Claim</b>	_____ %	

<b>Name and address of claimant:</b>  	<b>Emergency Fund Grant</b>  <b>Structures Grant</b>  <b>Class 2 Roadway Grant</b>  <b>Other (specify)</b>
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<p>I (WE) SWEAR TO THE CORRECTNESS OF THE STATEMENTS MADE IN THIS CLAIM AND THAT:</p> <ol style="list-style-type: none"> <li>1. THE WORK IS COMPLETE AND HAS BEEN ACCEPTED BY THE MUNICIPALITY.</li> <li>2. THE WORK HAS BEEN PERFORMED IN ACCORDANCE WITH THE GRANT AGREEMENT WITH THE VERMONT AGENCY OF TRANSPORTATION FOR THIS PROJECT.</li> <li>3. THE TOWN HAS PAID FOR THE EXPENSES SHOWN HEREON (LABOR, EQUIPMENT, AND MATERIALS).</li> </ol> _____ (sign)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Original Award Amount:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">Amended Award Amount:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;"><b>Total state funds awarded:</b></td> <td style="text-align: right;"><b>\$</b></td> </tr> </table> <hr style="border: 0.5px solid black;"/> <p style="text-align: center;"><b>PROJECT COSTS:</b></p> Total project costs to date: \$  Minus previous payments: \$  Minus municipality portion: \$  <b>Amount of payment:</b> \$	Original Award Amount:	\$	Amended Award Amount:	\$	<b>Total state funds awarded:</b>	<b>\$</b>
Original Award Amount:	\$						
Amended Award Amount:	\$						
<b>Total state funds awarded:</b>	<b>\$</b>						
_____ (sign)	_____ <b>Authorized District Representative (sign)</b>						
_____ (sign)	<b>Approved Date</b> _____						
_____ (sign)							