REIMBURSEMENT REQUEST FOR CAPITAL

North Dakota Department of Transportation, Local Government
SFN 59097 (Rev.11-2012)

Name of Transit Project	Date	
Mailing Address	State	Zip Code
Contact Person	Phone Number	

Identify purchase and provide justification for your capital.

Provide **VIN** if this request is vehicle related
For vehicle purchases, provide the certificate of origin, Certificate, bill of sale, etc. Refer to specific instructions.
Attach competitive bids (if required)
Attach the final invoice

Date	Brief Item Description	Total Capital Cost(s)	80% Amount Rounded to the Nearest $	Match Amount (20%)

Which source of funding are you requesting to use?

- ☐ Section 5309
- ☐ Section 5310
- ☐ Section 5311
- ☐ Section 5316 JARC
- ☐ Section 5317 New Freedom
- ☐ Other Funds

Please indicate the <u>EXACT</u> source of match for amount required (as shown above in the 20% column).

State Aid		Fundraising	
Contract Revenue		Medicaid Rides	
Mill Levy		Interest Income	
Other (specify)		Other Federal Non-FTA authorized programs	

Form Completed by (signature)	Title	Date

Note: Please call the transit office for guidance in your capital purchases. In addition, you may refer to the State Management Plan.

*All transportation costs / expenditures shown above must be documented in your records and are subject to periodic audit. Records pertaining to vehicles must be maintained for the period of federal interest plus three (3) years.

Must complete all required paperwork before request will be processed.

SEND FORM TO: ND DEPARTMENT OF TRANSPORTATION
LOCAL GOVERNMENT DIVISION / TRANSIT
608 E BOULEVARD AVE
BISMARCK ND 58505-0700