

**COLORADO DEPARTMENT OF TRANSPORTATION  
CLAIM FOR COSTS INCURRED AND  
CLAIMS SUMMARY**

Return to:  
Safety and Traffic Engineering Branch  
4201 E. Arkansas Ave.  
Denver, Colorado 80222

**PART I**

Agency name				
Agency address				
GBL #	Task # (ISP #)		Contract # (CLIN #)	
Claim #	<input type="checkbox"/> Progress <input type="checkbox"/> Final		Claim for the period _____ TO _____	
Cost Categories (Detailed cost summary must be attached in order for claim to be processed)	Amount claimed from CDOT	Local benefit	Local match	State match
Personal services				
Operating expenses				
Travel expenses				
Contractual services				
Capital equipment				
Other				
Total:	\$	\$	\$	\$

**PART II** List previous claims and current claim forwarded from Part I

Budget from contract:		\$	\$	\$	\$
Claim #	Claim date	Amount claimed from CDOT	Local benefit	Local match	State match
Total:		\$	\$	\$	\$
Balances:		\$	\$	\$	\$

**PART III** Certification of costs incurred

I certify that in accordance with the laws of the State and Federal governments and under terms of the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate claim has been presented to or payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein.

Project coordinator (signature, your typewritten name will serve as a signature for the purposes of this form)	Date
Contract director (signature)	Date

**For CDOT Use Only**

Project Manager (signature)	Date	Fiscal Manager	Date
Program Manager (signature)	Date	Voucher#	
Business Office (signature)	Date	Business Office supervisor (signature)	Date