FASTER Invoice
Reimbursement Request Form

Agency Name _____

Agency Address _____

City _____ State _____ Zip _____

CDOT Contract # _____ CDOT Contract PO # _____

Project Lead Name _____ Project Lead Phone _____ Project Lead Fax _____

Reimbursement Period from: _____ to: _____

~ OR ~

Capital Purchase Acceptance Date _____

Vendor Invoice # _____

WBS Element # _____

CDOT Contract Vendor # _____

	Current This Period	Total To Date
Capital Purchases		
Direct Labor		
Materials		
Contracted Services		
Totals		

FASTER Amount: _____

Local Contribution: _____

FTA Amount Paid: _____

In-Kind Amount: _____

Overmatch: (if applicable) _____

Totals: _____

REQUESTED REIMBURSEMENT: _____

Vehicle Description   *Complete this section for vehicle purchases only*

VIN # _____ Year _____ # Wheelchair Tie Downs: _____

Body Style _____ # Ambulatory Seats: _____

Equipment Description   *Complete this section for equipment (non-vehicle) purchases only*

Itemized Description (include number of units and price per unit in description)	*Total Item Amount*

I certify that to the best of my knowledge and belief the information and data in this Request for Reimbursement Invoice are correct and that all the outlays were made in accordance with the conditions or other agreements and that payment is due and has not been previously received.

_____ _____ _____

Signature   *Title*   *Date*