

# REIMBURSEMENT INVOICE (Capital)

CDOT TRANSIT UNIT

Reimbursement is requested under which grant?				Vendor's Invoice Number	CDOT Contract Purchase Order Number
Agency					
Address				WBS Element (1)	WBS Element (2)
City		State		Zip	

PART A — REIMBURSEMENT DESCRIPTION	
Grant Item/Description	Amount of Vehicle or Equipment
• Contract Cost (Price?) of Vehicle or Equipment	
• FTA / FASTER Share	
• Local Share	
Over Match (if applicable)	
<b>TOTAL COST OF VEHICLE OR EQUIPMENT</b> (Include over match if applicable)	

PART B — VEHICLE DESCRIPTION			
Complete this section for vehicle purchases only.			
VIN		# WHEELCHAIR TIEDOWNS	
YEAR	BODY STYLE	# AMBULATORY SEATS	

PART C — EQUIPMENT DESCRIPTION	
Itemized Description — Complete this section for equipment (non-vehicle) purchases only.	Amount of Vehicle or Equipment

PART D — CERTIFICATION	
<input type="radio"/> YES <input type="radio"/> NO	<i>I certify that the amounts in this invoice are correct and legitimately apply to the project.</i>