KANSAS DEPARTMENT OF TRANSPORTATION

Federal Fund Exchange

Request for Reimbursement

City/County: _____

Date of Request: _____

Description of Work and Location:

Project Name:

Work begin date:

Work completed date:

The undersigned officer of the city/county states that (1) the following items, quantities and services of work have been completed and incorporated into the Project and (2) a warrant has been issued by the City/County for the expenses included in this request and the City/County is submitting the request for reimbursement for payment issued, and (3) the same have been approved and paid by the City/County. Therefore reimbursement is hereby requested to be paid in accordance with Federal Fund Exchange Agreement No. _____.

Firm/Supplier	Invoice No.	Description of Services/Materials	Amount
		Total amount request	$ -

Please attach copies of all invoices.

Print Name

Signature

CITY OR COUNTY OFFICIAL

TITLE