



**KANSAS DEPARTMENT OF TRANSPORTATION  
 Kansas Local Bridge Improvement Program 2020  
 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 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