

|                                       |  |                      |                |
|---------------------------------------|--|----------------------|----------------|
| COLORADO DEPARTMENT OF TRANSPORTATION |  | Color Key            | Return to: Ali |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | Contractor Completes | Safety and Tra |
|                                       |  | CDOT Completes       | 4201 E. Arkans |
|                                       |  |                      | Denver, CO 80  |

**PART I**

|                           |                                             |
|---------------------------|---------------------------------------------|
| Agency Name: TOWN OF ERIE | Enforcement Name (if applicable)<br>Erie PD |
|---------------------------|---------------------------------------------|

Agency Payment Address (where payment will be mailed)

TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                       |                        |               |          |
|-----------------------|------------------------|---------------|----------|
| WBS# 16NHTSA405C.4114 | Task # 16-04-41-14     | PO# 411008821 | PO Date: |
| Claim # 1 Monthly     | Claim period FROM: TO: |               |          |
| Invoice # Final       |                        |               |          |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Age |
|---------------------------------------------------------|-----------------------------|---------------|-----|
| Personal Services                                       |                             |               |     |
| Operating Expenses                                      |                             |               |     |
| Incentives (not to exceed 10% of budget)                |                             |               |     |
| Travel Expenses                                         |                             |               |     |
| Contractual Services                                    |                             |               |     |
| Capital Equipment                                       |                             |               |     |
| Other (Please specify)                                  |                             |               |     |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> |     |

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

| Budget from contract |           | \$38,920.00              | \$0.00        | \$1 |
|----------------------|-----------|--------------------------|---------------|-----|
| Claim #              | Invoice # | Amount claimed from CDOT | Local Benefit | Age |
| 1                    | 0         | \$0.00                   | \$0.00        |     |
| 2                    |           |                          |               |     |
| 3                    |           |                          |               |     |
| 4                    |           |                          |               |     |
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| 10                   |           |                          |               |     |
| 11                   |           |                          |               |     |
| 12                   |           |                          |               |     |
| Claims to date       |           | \$0.00                   | \$0.00        |     |
| Balance              |           | \$38,920.00              | \$0.00        | \$1 |

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|------------------------|
| Date Received by CDOT: |
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**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached support documents are authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reasonably and correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business C**

PARK doc #

Parked by: \_\_\_\_\_ Date: \_\_\_\_\_

Posted by: \_\_\_\_\_ Date: \_\_\_\_\_

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| ffic Engineering |
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| \$0.00           |
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| its and under terms of<br>cate claim has been                            |
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| ing papers were duly<br>nable and proper and<br>y appropriation or other |

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|---------------------------------------|--|----------------------|--------------------|
| COLORADO DEPARTMENT OF TRANSPORTATION |  | Color Key            | Return to: All     |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | Contractor Completes | Safety and Traffic |
|                                       |  | CDOT Completes       | 4201 E. Arkan      |
|                                       |  |                      | Denver, CO 80      |

**PART I**

|                           |                                  |
|---------------------------|----------------------------------|
| Agency Name: TOWN OF ERIE | Enforcement Name (if applicable) |
| 0                         | Erie PD                          |

Agency Payment Address (where payment will be mailed)

TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                       |                        |               |          |
|-----------------------|------------------------|---------------|----------|
| WBS# 16NHTSA405C.4114 | Task # 16-04-41-14     | PO# 411008821 | PO Date: |
| Claim # 2 Monthly     | Claim period FROM: TO: |               |          |
| Invoice # Final       |                        |               |          |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed from CDOT | Local Benefit | Ag |
|---------------------------------------------------------|--------------------------|---------------|----|
| Personal Services                                       |                          |               |    |
| Operating Expenses                                      |                          |               |    |
| Incentives (not to exceed 10% of budget)                |                          |               |    |
| Travel Expenses                                         |                          |               |    |
| Contractual Services                                    |                          |               |    |
| Capital Equipment                                       |                          |               |    |
| Other (Please specify)                                  |                          |               |    |
| <b>Total:</b>                                           | <b>\$0.00</b>            | <b>\$0.00</b> |    |

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

| Budget from contract |           | \$38,920.00              | \$0.00        | \$ |
|----------------------|-----------|--------------------------|---------------|----|
| Claim #              | Invoice # | Amount claimed from CDOT | Local Benefit | Ag |
| 1                    | 0         | \$0.00                   | \$0.00        |    |
| 2                    | 0         | \$0.00                   | \$0.00        |    |
| 3                    |           |                          |               |    |
| 4                    |           |                          |               |    |
| 5                    |           |                          |               |    |
| 6                    |           |                          |               |    |
| 7                    |           |                          |               |    |
| 8                    |           |                          |               |    |
| 9                    |           |                          |               |    |
| 10                   |           |                          |               |    |
| 11                   |           |                          |               |    |
| 12                   |           |                          |               |    |
| Claims to date       |           | \$0.00                   | \$0.00        |    |
| Balance              |           | \$38,920.00              | \$0.00        | \$ |

|                       |
|-----------------------|
| Date Received by OTS: |
|-----------------------|

### **PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate presented to or payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

#### **Contract Project Coordinator**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### **For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached support authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reasonably correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

|                                      |       |
|--------------------------------------|-------|
| Project Manager (Signature)          | Date: |
| Program Controls Analyst (Signature) | Date: |

| <b>PO &amp; Receiver DOCS</b> |                  |
|-------------------------------|------------------|
| Req (ME51N)                   |                  |
| Stat. PO (ME21N)              |                  |
| Good Rcpt (MIGO)              |                  |
| Svc Entry (ML81N)             |                  |
| Vendor #                      | 2000001          |
| PO Date:                      | 3/30/2016        |
| Entry By                      |                  |
| Date                          |                  |
| WBS Element                   | 16NHTSA405C.4114 |
| Amount to Pay                 | \$0.00           |

| <b>CDOT Business</b> |       |
|----------------------|-------|
| PARK doc #           |       |
| Parked by:           | Date: |
| Posted by:           | Date: |

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| nts and under terms of the<br>claim has been                                |
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| ting papers were duly<br>onable and proper and<br>by appropriation or other |

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| COLORADO DEPARTMENT OF TRANSPORTATION |  | <b>Color Key</b>            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | <b>Contractor Completes</b> | Safety and Traf |
|                                       |  | <b>CDOT Completes</b>       | 4201 E. Arkansa |
|                                       |  |                             | Denver, CO 802  |

**PART I**

|                                       |                                                    |
|---------------------------------------|----------------------------------------------------|
| <b>Agency Name:</b> TOWN OF ERIE<br>0 | <b>Enforcement Name (if applicable)</b><br>Erie PD |
|---------------------------------------|----------------------------------------------------|

**Agency Payment Address (where payment will be mailed)**  
TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                              |                           |                      |                 |
|------------------------------|---------------------------|----------------------|-----------------|
| <b>WBS#</b> 16NHTSA405C.4114 | <b>Task #</b> 16-04-41-14 | <b>PO#</b> 411008821 | <b>PO Date:</b> |
| <b>Claim # 3</b> Monthly     | <b>Claim period</b> FROM: |                      | <b>TO:</b>      |
| <b>Invoice #</b> Final       |                           |                      |                 |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| <b>Budget from contract</b> |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |
|-----------------------------|-----------|--------------------------|---------------|-------------|
| Claim #                     | Invoice # | Amount claimed from CDOT | Local Benefit | Agen        |
| 1                           | 0         | \$0.00                   | \$0.00        | \$          |
| 2                           | 0         | \$0.00                   | \$0.00        | \$          |
| 3                           | 0         | \$0.00                   | \$0.00        | \$          |
| 4                           |           |                          |               |             |
| 5                           |           |                          |               |             |
| 6                           |           |                          |               |             |
| 7                           |           |                          |               |             |
| 8                           |           |                          |               |             |
| 9                           |           |                          |               |             |
| 10                          |           |                          |               |             |
| 11                          |           |                          |               |             |
| 12                          |           |                          |               |             |
| <b>Claims to date</b>       |           | <b>\$0.00</b>            | <b>\$0.00</b> | <b>\$</b>   |
| <b>Balance</b>              |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |

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| <b>Date Received by OTS:</b> |
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**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

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| s and under terms of<br>ate claim has been                             |
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| ng papers were duly<br>able and proper and<br>/ appropriation or other |

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|---------------------------------------|--|----------------------|-----------------|
| COLORADO DEPARTMENT OF TRANSPORTATION |  | Color Key            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | Contractor Completes | Safety and Traf |
|                                       |  | CDOT Completes       | 4201 E. Arkansa |
|                                       |  |                      | Denver, CO 802  |

**PART I**

|                                |                                             |
|--------------------------------|---------------------------------------------|
| Agency Name: TOWN OF ERIE<br>0 | Enforcement Name (if applicable)<br>Erie PD |
|--------------------------------|---------------------------------------------|

Agency Payment Address (where payment will be mailed)

TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                       |                    |               |          |
|-----------------------|--------------------|---------------|----------|
| WBS# 16NHTSA405C.4114 | Task # 16-04-41-14 | PO# 411008821 | PO Date: |
| Claim # 4 Monthly     | Claim period FROM: |               | TO:      |
| Invoice # Final       |                    |               |          |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| Budget from contract |           | \$38,920.00              | \$0.00        | \$12 |
|----------------------|-----------|--------------------------|---------------|------|
| Claim #              | Invoice # | Amount claimed from CDOT | Local Benefit | Agen |
| 1                    | 0         | \$0.00                   | \$0.00        | \$   |
| 2                    | 0         | \$0.00                   | \$0.00        | \$   |
| 3                    | 0         | \$0.00                   | \$0.00        | \$   |
| 4                    | 0         | \$0.00                   | \$0.00        | \$   |
| 5                    |           |                          |               |      |
| 6                    |           |                          |               |      |
| 7                    |           |                          |               |      |
| 8                    |           |                          |               |      |
| 9                    |           |                          |               |      |
| 10                   |           |                          |               |      |
| 11                   |           |                          |               |      |
| 12                   |           |                          |               |      |
| Claims to date       |           | \$0.00                   | \$0.00        | \$   |
| Balance              |           | \$38,920.00              | \$0.00        | \$12 |

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| Date Received by OTS: |
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**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and accurately represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

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| fic Engineering |
| as Avenue       |
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| ng papers were duly<br>table and proper and<br>/ appropriation or other |

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|---------------------------------------|-----------------------------|------------------|-----------------|
| COLORADO DEPARTMENT OF TRANSPORTATION |                             | <b>Color Key</b> | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        | <b>Contractor Completes</b> |                  | Safety and Traf |
|                                       | <b>CDOT Completes</b>       |                  | 4201 E. Arkansa |
|                                       |                             |                  | Denver, CO 802  |

**PART I**

|                                       |                                                    |
|---------------------------------------|----------------------------------------------------|
| <b>Agency Name:</b> TOWN OF ERIE<br>0 | <b>Enforcement Name (if applicable)</b><br>Erie PD |
|---------------------------------------|----------------------------------------------------|

**Agency Payment Address (where payment will be mailed)**  
TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                              |                           |                      |                 |
|------------------------------|---------------------------|----------------------|-----------------|
| <b>WBS#</b> 16NHTSA405C.4114 | <b>Task #</b> 16-04-41-14 | <b>PO#</b> 411008821 | <b>PO Date:</b> |
| <b>Claim #</b> 5 Monthly     | <b>Claim period</b> FROM: |                      | <b>TO:</b>      |
| <b>Invoice #</b> Final       |                           |                      |                 |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| <b>Budget from contract</b> |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |
|-----------------------------|-----------|--------------------------|---------------|-------------|
| Claim #                     | Invoice # | Amount claimed from CDOT | Local Benefit | Agen        |
| 1                           | 0         | \$0.00                   | \$0.00        | \$          |
| 2                           | 0         | \$0.00                   | \$0.00        | \$          |
| 3                           | 0         | \$0.00                   | \$0.00        | \$          |
| 4                           | 0         | \$0.00                   | \$0.00        | \$          |
| 5                           | 0         | \$0.00                   | \$0.00        | \$          |
| 6                           |           |                          |               |             |
| 7                           |           |                          |               |             |
| 8                           |           |                          |               |             |
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| 10                          |           |                          |               |             |
| 11                          |           |                          |               |             |
| 12                          |           |                          |               |             |
| <b>Claims to date</b>       |           | <b>\$0.00</b>            | <b>\$0.00</b> | <b>\$</b>   |
| <b>Balance</b>              |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |

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| <b>Date Received by OTS:</b> |
|------------------------------|

**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

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| fic Engineering |
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| COLORADO DEPARTMENT OF TRANSPORTATION |  | <b>Color Key</b>            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | <b>Contractor Completes</b> | Safety and Traf |
|                                       |  | <b>CDOT Completes</b>       | 4201 E. Arkansa |
|                                       |  |                             | Denver, CO 802  |

**PART I**

|                                       |                                                    |
|---------------------------------------|----------------------------------------------------|
| <b>Agency Name:</b> TOWN OF ERIE<br>0 | <b>Enforcement Name (if applicable)</b><br>Erie PD |
|---------------------------------------|----------------------------------------------------|

**Agency Payment Address (where payment will be mailed)**  
TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                              |                           |                      |                 |
|------------------------------|---------------------------|----------------------|-----------------|
| <b>WBS#</b> 16NHTSA405C.4114 | <b>Task #</b> 16-04-41-14 | <b>PO#</b> 411008821 | <b>PO Date:</b> |
| <b>Claim #</b> 6 Monthly     | <b>Claim period</b> FROM: |                      | <b>TO:</b>      |
| <b>Invoice #</b> Final       |                           |                      |                 |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| <b>Budget from contract</b> |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |
|-----------------------------|-----------|--------------------------|---------------|-------------|
| Claim #                     | Invoice # | Amount claimed from CDOT | Local Benefit | Agen        |
| 1                           | 0         | \$0.00                   | \$0.00        | \$          |
| 2                           | 0         | \$0.00                   | \$0.00        | \$          |
| 3                           | 0         | \$0.00                   | \$0.00        | \$          |
| 4                           | 0         | \$0.00                   | \$0.00        | \$          |
| 5                           | 0         | \$0.00                   | \$0.00        | \$          |
| 6                           | 0         | \$0.00                   | \$0.00        | \$          |
| 7                           |           |                          |               |             |
| 8                           |           |                          |               |             |
| 9                           |           |                          |               |             |
| 10                          |           |                          |               |             |
| 11                          |           |                          |               |             |
| 12                          |           |                          |               |             |
| <b>Claims to date</b>       |           | <b>\$0.00</b>            | <b>\$0.00</b> | <b>\$</b>   |
| <b>Balance</b>              |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |

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| <b>Date Received by OTS:</b> |
|------------------------------|

**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

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| fic Engineering |
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| COLORADO DEPARTMENT OF TRANSPORTATION |  | <b>Color Key</b>            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | <b>Contractor Completes</b> | Safety and Traf |
|                                       |  | <b>CDOT Completes</b>       | 4201 E. Arkansa |
|                                       |  |                             | Denver, CO 802  |

**PART I**

|                                       |                                                    |
|---------------------------------------|----------------------------------------------------|
| <b>Agency Name:</b> TOWN OF ERIE<br>0 | <b>Enforcement Name (if applicable)</b><br>Erie PD |
|---------------------------------------|----------------------------------------------------|

**Agency Payment Address (where payment will be mailed)**  
TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                              |                           |                      |                 |
|------------------------------|---------------------------|----------------------|-----------------|
| <b>WBS#</b> 16NHTSA405C.4114 | <b>Task #</b> 16-04-41-14 | <b>PO#</b> 411008821 | <b>PO Date:</b> |
| <b>Claim # 7</b> Monthly     | <b>Claim period</b> FROM: |                      | <b>TO:</b>      |
| <b>Invoice #</b> Final       |                           |                      |                 |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| <b>Budget from contract</b> |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |
|-----------------------------|-----------|--------------------------|---------------|-------------|
| Claim #                     | Invoice # | Amount claimed from CDOT | Local Benefit | Agen        |
| 1                           | 0         | \$0.00                   | \$0.00        | \$          |
| 2                           | 0         | \$0.00                   | \$0.00        | \$          |
| 3                           | 0         | \$0.00                   | \$0.00        | \$          |
| 4                           | 0         | \$0.00                   | \$0.00        | \$          |
| 5                           | 0         | \$0.00                   | \$0.00        | \$          |
| 6                           | 0         | \$0.00                   | \$0.00        | \$          |
| 7                           | 0         | \$0.00                   | \$0.00        | \$          |
| 8                           |           |                          |               |             |
| 9                           |           |                          |               |             |
| 10                          |           |                          |               |             |
| 11                          |           |                          |               |             |
| 12                          |           |                          |               |             |
| <b>Claims to date</b>       |           | <b>\$0.00</b>            | <b>\$0.00</b> | <b>\$</b>   |
| <b>Balance</b>              |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |

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| <b>Date Received by OTS:</b> |
|------------------------------|

**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and accurately represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

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| COLORADO DEPARTMENT OF TRANSPORTATION |  | Color Key            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | Contractor Completes | Safety and Traf |
|                                       |  | CDOT Completes       | 4201 E. Arkansa |
|                                       |  |                      | Denver, CO 802  |

**PART I**

|                                |                                             |
|--------------------------------|---------------------------------------------|
| Agency Name: TOWN OF ERIE<br>0 | Enforcement Name (if applicable)<br>Erie PD |
|--------------------------------|---------------------------------------------|

Agency Payment Address (where payment will be mailed)

TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                       |                    |               |          |
|-----------------------|--------------------|---------------|----------|
| WBS# 16NHTSA405C.4114 | Task # 16-04-41-14 | PO# 411008821 | PO Date: |
| Claim # 8 Monthly     | Claim period FROM: |               | TO:      |
| Invoice # Final       |                    |               |          |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| Budget from contract |           | \$38,920.00              | \$0.00        | \$12 |
|----------------------|-----------|--------------------------|---------------|------|
| Claim #              | Invoice # | Amount claimed from CDOT | Local Benefit | Agen |
| 1                    | 0         | \$0.00                   | \$0.00        | \$   |
| 2                    | 0         | \$0.00                   | \$0.00        | \$   |
| 3                    | 0         | \$0.00                   | \$0.00        | \$   |
| 4                    | 0         | \$0.00                   | \$0.00        | \$   |
| 5                    | 0         | \$0.00                   | \$0.00        | \$   |
| 6                    | 0         | \$0.00                   | \$0.00        | \$   |
| 7                    | 0         | \$0.00                   | \$0.00        | \$   |
| 8                    | 0         | \$0.00                   | \$0.00        | \$   |
| 9                    |           |                          |               |      |
| 10                   |           |                          |               |      |
| 11                   |           |                          |               |      |
| 12                   |           |                          |               |      |
| Claims to date       |           | \$0.00                   | \$0.00        | \$   |
| Balance              |           | \$38,920.00              | \$0.00        | \$12 |

|                       |
|-----------------------|
| Date Received by OTS: |
|-----------------------|

**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**claim2011****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and accurately represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

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| s and under terms of<br>ate claim has been                              |
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| ng papers were duly<br>table and proper and<br>/ appropriation or other |

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|---------------------------------------|--|-----------------------------|-----------------|
| COLORADO DEPARTMENT OF TRANSPORTATION |  | <b>Color Key</b>            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | <b>Contractor Completes</b> | Safety and Traf |
|                                       |  | <b>CDOT Completes</b>       | 4201 E. Arkansa |
|                                       |  |                             | Denver, CO 802  |

**PART I**

|                                       |                                                    |
|---------------------------------------|----------------------------------------------------|
| <b>Agency Name:</b> TOWN OF ERIE<br>0 | <b>Enforcement Name (if applicable)</b><br>Erie PD |
|---------------------------------------|----------------------------------------------------|

**Agency Payment Address (where payment will be mailed)**  
TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                              |                           |                      |                 |
|------------------------------|---------------------------|----------------------|-----------------|
| <b>WBS#</b> 16NHTSA405C.4114 | <b>Task #</b> 16-04-41-14 | <b>PO#</b> 411008821 | <b>PO Date:</b> |
| <b>Claim # 9</b> Monthly     | <b>Claim period</b> FROM: |                      | <b>TO:</b>      |
| <b>Invoice #</b> Final       |                           |                      |                 |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| <b>Budget from contract</b> |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |
|-----------------------------|-----------|--------------------------|---------------|-------------|
| Claim #                     | Invoice # | Amount claimed from CDOT | Local Benefit | Agen        |
| 1                           | 0         | \$0.00                   | \$0.00        | \$          |
| 2                           | 0         | \$0.00                   | \$0.00        | \$          |
| 3                           | 0         | \$0.00                   | \$0.00        | \$          |
| 4                           | 0         | \$0.00                   | \$0.00        | \$          |
| 5                           | 0         | \$0.00                   | \$0.00        | \$          |
| 6                           | 0         | \$0.00                   | \$0.00        | \$          |
| 7                           | 0         | \$0.00                   | \$0.00        | \$          |
| 8                           | 0         | \$0.00                   | \$0.00        | \$          |
| 9                           | 0         | \$0.00                   | \$0.00        | \$          |
| 10                          |           |                          |               |             |
| 11                          |           |                          |               |             |
| 12                          |           |                          |               |             |
| <b>Claims to date</b>       |           | <b>\$0.00</b>            | <b>\$0.00</b> | <b>\$</b>   |
| <b>Balance</b>              |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |

|                              |
|------------------------------|
| <b>Date Received by OTS:</b> |
|------------------------------|

**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

sa Babler  
fic Engineering  
as Avenue  
22

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the 1990s, the number of people in the United States who are 65 years of age or older has increased by 50 percent. The number of people 75 years of age or older has increased by 100 percent. The number of people 85 years of age or older has increased by 200 percent. The number of people 95 years of age or older has increased by 400 percent. The number of people 100 years of age or older has increased by 1,000 percent.

3/30/2016

### Policy Match

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Page 10

**2,855.00**

### Agency Match

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| <p>             1. <b>Introduction</b><br/>             2. <b>Methodology</b><br/>             3. <b>Results</b><br/>             4. <b>Discussion</b><br/>             5. <b>Conclusion</b><br/>             6. <b>References</b><br/>             7. <b>Appendix</b><br/>             8. <b>Index</b><br/>             9. <b>Glossary</b><br/>             10. <b>Notes</b><br/>             11. <b>Footnotes</b><br/>             12. <b>Endnotes</b><br/>             13. <b>References</b><br/>             14. <b>Appendix</b><br/>             15. <b>Index</b><br/>             16. <b>Glossary</b><br/>             17. <b>Notes</b><br/>             18. <b>Footnotes</b><br/>             19. <b>Endnotes</b><br/>             20. <b>References</b><br/>             21. <b>Appendix</b><br/>             22. <b>Index</b><br/>             23. <b>Glossary</b><br/>             24. <b>Notes</b><br/>             25. <b>Footnotes</b><br/>             26. <b>Endnotes</b><br/>             27. <b>References</b><br/>             28. <b>Appendix</b><br/>             29. <b>Index</b><br/>             30. <b>Glossary</b><br/>             31. <b>Notes</b><br/>             32. <b>Footnotes</b><br/>             33. <b>Endnotes</b><br/>             34. <b>References</b><br/>             35. <b>Appendix</b><br/>             36. <b>Index</b><br/>             37. <b>Glossary</b><br/>             38. <b>Notes</b><br/>             39. <b>Footnotes</b><br/>             40. <b>Endnotes</b><br/>             41. <b>References</b><br/>             42. <b>Appendix</b><br/>             43. <b>Index</b><br/>             44. <b>Glossary</b><br/>             45. <b>Notes</b><br/>             46. <b>Footnotes</b><br/>             47. <b>Endnotes</b><br/>             48. <b>References</b><br/>             49. <b>Appendix</b><br/>             50. <b>Index</b><br/>             51. <b>Glossary</b><br/>             52. <b>Notes</b><br/>             53. <b>Footnotes</b><br/>             54. <b>Endnotes</b><br/>             55. <b>References</b><br/>             56. <b>Appendix</b><br/>             57. <b>Index</b><br/>             58. <b>Glossary</b><br/>             59. <b>Notes</b><br/>             60. <b>Footnotes</b><br/>             61. <b>Endnotes</b><br/>             62. <b>References</b><br/>             63. <b>Appendix</b><br/>             64. <b>Index</b><br/>             65. <b>Glossary</b><br/>             66. <b>Notes</b><br/>             67. <b>Footnotes</b><br/>             68. <b>Endnotes</b><br/>             69. <b>References</b><br/>             70. <b>Appendix</b><br/>             71. <b>Index</b><br/>             72. <b>Glossary</b><br/>             73. <b>Notes</b><br/>             74. <b>Footnotes</b><br/>             75. <b>Endnotes</b><br/>             76. <b>References</b><br/>             77. <b>Appendix</b><br/>             78. <b>Index</b><br/>             79. <b>Glossary</b><br/>             80. <b>Notes</b><br/>             81. <b>Footnotes</b><br/>             82. <b>Endnotes</b><br/>             83. <b>References</b><br/>             84. <b>Appendix</b><br/>             85. <b>Index</b><br/>             86. <b>Glossary</b><br/>             87. <b>Notes</b><br/>             88. <b>Footnotes</b><br/>             89. <b>Endnotes</b><br/>             90. <b>References</b><br/>             91. <b>Appendix</b><br/>             92. <b>Index</b><br/>             93. <b>Glossary</b><br/>             94. <b>Notes</b><br/>             95. <b>Footnotes</b><br/>             96. <b>Endnotes</b><br/>             97. <b>References</b><br/>             98. <b>Appendix</b><br/>             99. <b>Index</b><br/>             100. <b>Glossary</b><br/>             101. <b>Notes</b><br/>             102. <b>Footnotes</b><br/>             103. <b>Endnotes</b><br/>             104. <b>References</b><br/>             105. <b>Appendix</b><br/>             106. <b>Index</b><br/>             107. <b>Glossary</b><br/>             108. <b>Notes</b><br/>             109. <b>Footnotes</b><br/>             110. <b>Endnotes</b><br/>             111. <b>References</b><br/>             112. <b>Appendix</b><br/>             113. <b>Index</b><br/>             114. <b>Glossary</b><br/>             115. <b>Notes</b><br/>             116. <b>Footnotes</b><br/>             117. <b>Endnotes</b><br/>             118. <b>References</b><br/>             119. <b>Appendix</b><br/>             120. <b>Index</b><br/>             121. <b>Glossary</b><br/>             122. <b>Notes</b><br/>             123. <b>Footnotes</b><br/>             124. <b>Endnotes</b><br/>             125. <b>References</b><br/>             126. <b>Appendix</b><br/>             127. <b>Index</b><br/>             128. <b>Glossary</b><br/>             129. <b>Notes</b><br/>             130. <b>Footnotes</b><br/>             131. <b>Endnotes</b><br/>             132. <b>References</b><br/>             133. <b>Appendix</b><br/>             134. <b>Index</b><br/>             135. <b>Glossary</b><br/>             136. <b>Notes</b><br/>             137. <b>Footnotes</b><br/>             138. <b>Endnotes</b><br/>             139. <b>References</b><br/>             140. <b>Appendix</b><br/>             141. <b>Index</b><br/>             142. <b>Glossary</b><br/>             143. <b>Notes</b><br/>             144. <b>Footnotes</b><br/>             145. <b>Endnotes</b><br/>             146. <b>References</b><br/>             147. <b>Appendix</b><br/>             148. <b>Index</b><br/>             149. <b>Glossary</b><br/>             150. <b>Notes</b><br/>             151. <b>Footnotes</b><br/>             152. <b>Endnotes</b><br/>             153. <b>References</b><br/>             154. <b>Appendix</b><br/>             155. <b>Index</b><br/>             156. <b>Glossary</b><br/>             157. <b>Notes</b><br/>             158. <b>Footnotes</b><br/>             159. <b>Endnotes</b><br/>             160. <b>References</b><br/>             161. <b>Appendix</b><br/>             162. <b>Index</b><br/>             163. <b>Glossary</b><br/>             164. <b>Notes</b><br/>             165. <b>Footnotes</b><br/>             166. <b>Endnotes</b><br/>             167. <b>References</b><br/>             168. <b>Appendix</b><br/>             169. <b>Index</b><br/>             170. <b>Glossary</b><br/>             171. <b>Notes</b><br/>             172. <b>Footnotes</b><br/>             173. <b>Endnotes</b><br/>             174. <b>References</b><br/>             175. <b>Appendix</b><br/>             176. <b>Index</b><br/>             177. <b>Glossary</b><br/>             178. <b>Notes</b><br/>             179. <b>Footnotes</b><br/>             180. <b>Endnotes</b><br/>             181. <b>References</b><br/>             182. <b>Appendix</b><br/>             183. <b>Index</b><br/>             184. <b>Glossary</b><br/>             185. <b>Notes</b><br/>             186. <b>Footnotes</b><br/>             187. <b>Endnotes</b><br/>             188. <b>References</b><br/>             189. <b>Appendix</b><br/>             190. <b>Index</b><br/>             191. <b>Glossary</b><br/>             192. <b>Notes</b><br/>             193. <b>Footnotes</b><br/>             194. <b>Endnotes</b><br/>             195. <b>References</b><br/>             196. <b>Appendix</b><br/>             197. <b>Index</b><br/>             198. <b>Glossary</b><br/>             199. <b>Notes</b><br/>             200. <b>Footnotes</b><br/>             201. <b>Endnotes</b><br/>             202. <b>References</b><br/>             203. <b>Appendix</b><br/>             204. <b>Index</b><br/>             205. <b>Glossary</b><br/>             206. <b>Notes</b><br/>             207. <b>Footnotes</b><br/>             208. <b>Endnotes</b><br/>             209. <b>References</b><br/>             210. <b>Appendix</b><br/>             211. <b>Index</b><br/>             212. <b>Glossary</b><br/>             213. <b>Notes</b><br/>             214. <b>Footnotes</b><br/>             215. <b>Endnotes</b><br/>             216. <b>References</b><br/>             217. <b>Appendix</b><br/>             218. <b>Index</b><br/>             219. <b>Glossary</b><br/>             220. <b>Notes</b><br/>             221. <b>Footnotes</b><br/>             222. <b>Endnotes</b><br/>             223. <b>References</b><br/>             224. <b>Appendix</b><br/>             225. <b>Index</b><br/>             226. <b>Glossary</b><br/>             227. <b>Notes</b><br/>             228. <b>Footnotes</b><br/>             229. <b>Endnotes</b><br/>             230. <b>References</b><br/>             231. <b>Appendix</b><br/>             232. <b>Index</b><br/>             233. <b>Glossary</b><br/>             234. <b>Notes</b><br/>             235. <b>Footnotes</b><br/>             236. <b>Endnotes</b><br/>             237. <b>References</b><br/>             238. <b>Appendix</b><br/>             239. <b>Index</b><br/>             240. <b>Glossary</b><br/>             241. <b>Notes</b><br/>             242. <b>Footnotes</b><br/>             243. <b>Endnotes</b><br/>             244. <b>References</b><br/>             245. <b>Appendix</b><br/>             246. <b>Index</b><br/>             247. <b>Glossary</b><br/>             248. <b>Notes</b><br/>             249. <b>Footnotes</b><br/>             250. <b>Endnotes</b><br/>             251. <b>References</b><br/>             252. <b>Appendix</b><br/>             253. <b>Index</b><br/></p> |
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| COLORADO DEPARTMENT OF TRANSPORTATION |  | Color Key            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | Contractor Completes | Safety and Traf |
|                                       |  | CDOT Completes       | 4201 E. Arkansa |
|                                       |  |                      | Denver, CO 802  |

**PART I**

|                                |                                             |
|--------------------------------|---------------------------------------------|
| Agency Name: TOWN OF ERIE<br>0 | Enforcement Name (if applicable)<br>Erie PD |
|--------------------------------|---------------------------------------------|

Agency Payment Address (where payment will be mailed)

TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                       |                    |               |          |
|-----------------------|--------------------|---------------|----------|
| WBS# 16NHTSA405C.4114 | Task # 16-04-41-14 | PO# 411008821 | PO Date: |
| Claim # 10 Monthly    | Claim period FROM: |               | TO:      |
| Invoice # Final       |                    |               |          |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| Budget from contract |           | \$38,920.00              | \$0.00        | \$12 |
|----------------------|-----------|--------------------------|---------------|------|
| Claim #              | Invoice # | Amount claimed from CDOT | Local Benefit | Agen |
| 1                    | 0         | \$0.00                   | \$0.00        | \$   |
| 2                    | 0         | \$0.00                   | \$0.00        | \$   |
| 3                    | 0         | \$0.00                   | \$0.00        | \$   |
| 4                    | 0         | \$0.00                   | \$0.00        | \$   |
| 5                    | 0         | \$0.00                   | \$0.00        | \$   |
| 6                    | 0         | \$0.00                   | \$0.00        | \$   |
| 7                    | 0         | \$0.00                   | \$0.00        | \$   |
| 8                    | 0         | \$0.00                   | \$0.00        | \$   |
| 9                    | 0         | \$0.00                   | \$0.00        | \$   |
| 10                   | 0         | \$0.00                   | \$0.00        | \$   |
| 11                   |           |                          |               |      |
| 12                   |           |                          |               |      |
| Claims to date       |           | \$0.00                   | \$0.00        | \$   |
| Balance              |           | \$38,920.00              | \$0.00        | \$12 |

|                       |
|-----------------------|
| Date Received by OTS: |
|-----------------------|

**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

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fic Engineering  
as Avenue  
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The first two items are the most important. The first item is the most important because it is the most important. The second item is the second most important because it is the second most important.

3/30/2016

Page 10 of 10

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| COLORADO DEPARTMENT OF TRANSPORTATION |  | <b>Color Key</b>            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | <b>Contractor Completes</b> | Safety and Traf |
|                                       |  | <b>CDOT Completes</b>       | 4201 E. Arkansa |
|                                       |  |                             | Denver, CO 802  |

**PART I**

|                                       |                                                    |
|---------------------------------------|----------------------------------------------------|
| <b>Agency Name:</b> TOWN OF ERIE<br>0 | <b>Enforcement Name (if applicable)</b><br>Erie PD |
|---------------------------------------|----------------------------------------------------|

**Agency Payment Address (where payment will be mailed)**  
TOWN OF ERIE  
PO BOX 750  
ERIE, CO, 80516

|                              |                           |                      |                 |
|------------------------------|---------------------------|----------------------|-----------------|
| <b>WBS#</b> 16NHTSA405C.4114 | <b>Task #</b> 16-04-41-14 | <b>PO#</b> 411008821 | <b>PO Date:</b> |
| <b>Claim # 11</b> Monthly    | <b>Claim period</b> FROM: |                      | <b>TO:</b>      |
| <b>Invoice #</b> Final       |                           |                      |                 |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| <b>Budget from contract</b> |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |
|-----------------------------|-----------|--------------------------|---------------|-------------|
| Claim #                     | Invoice # | Amount claimed from CDOT | Local Benefit | Agen        |
| 1                           | 0         | \$0.00                   | \$0.00        | \$          |
| 2                           | 0         | \$0.00                   | \$0.00        | \$          |
| 3                           | 0         | \$0.00                   | \$0.00        | \$          |
| 4                           | 0         | \$0.00                   | \$0.00        | \$          |
| 5                           | 0         | \$0.00                   | \$0.00        | \$          |
| 6                           | 0         | \$0.00                   | \$0.00        | \$          |
| 7                           | 0         | \$0.00                   | \$0.00        | \$          |
| 8                           | 0         | \$0.00                   | \$0.00        | \$          |
| 9                           | 0         | \$0.00                   | \$0.00        | \$          |
| 10                          | 0         | \$0.00                   | \$0.00        | \$          |
| 11                          | 0         | \$0.00                   | \$0.00        | \$          |
| 12                          |           |                          |               |             |
| <b>Claims to date</b>       |           | <b>\$0.00</b>            | <b>\$0.00</b> | <b>\$</b>   |
| <b>Balance</b>              |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |

|                              |
|------------------------------|
| <b>Date Received by OTS:</b> |
|------------------------------|

**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and accurately represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

sa Babler  
fic Engineering  
as Avenue  
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The first two steps are the most important. The first step is to identify the problem. The second step is to define the problem. The third step is to identify the causes of the problem. The fourth step is to identify the effects of the problem. The fifth step is to identify the stakeholders involved in the problem. The sixth step is to identify the resources available to solve the problem. The seventh step is to identify the constraints on the problem. The eighth step is to identify the risks associated with the problem. The ninth step is to identify the opportunities associated with the problem. The tenth step is to identify the solutions to the problem.

3/30/2016

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### Policy Match

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| COLORADO DEPARTMENT OF TRANSPORTATION |  | <b>Color Key</b>            | Return to: Alis |
| <b>CLAIM FOR REIMBURSEMENT</b>        |  | <b>Contractor Completes</b> | Safety and Traf |
|                                       |  | <b>CDOT Completes</b>       | 4201 E. Arkansa |
|                                       |  |                             | Denver, CO 802  |

**PART I**

|                                  |                                         |
|----------------------------------|-----------------------------------------|
| <b>Agency Name: TOWN OF ERIE</b> | <b>Enforcement Name (if applicable)</b> |
| 0                                | Erie PD                                 |

**Agency Payment Address (where payment will be mailed)**  
TOWN OF ERIE  
PO BOX 750

|                   |                         |                     |                    |              |                  |                 |
|-------------------|-------------------------|---------------------|--------------------|--------------|------------------|-----------------|
| <b>WBS#</b>       | <b>16NHTSA405C.4114</b> | <b>Task #</b>       | <b>16-04-41-14</b> | <b>PO#</b>   | <b>411008821</b> | <b>PO Date:</b> |
| <b>Claim # 12</b> | Monthly                 | <b>Claim period</b> |                    | <b>FROM:</b> | <b>TO:</b>       |                 |
| <b>Invoice #</b>  | Final                   |                     |                    |              |                  |                 |

| Budget Categories<br>(Supporting docs MUST be attached) | Amount claimed<br>from CDOT | Local Benefit | Agen      |
|---------------------------------------------------------|-----------------------------|---------------|-----------|
| Personal Services                                       |                             |               |           |
| Operating Expenses                                      |                             |               |           |
| Incentives (not to exceed 10% of budget)                |                             |               |           |
| Travel Expenses                                         |                             |               |           |
| Contractual Services                                    |                             |               |           |
| Capital Equipment                                       |                             |               |           |
| Other (Please specify)                                  |                             |               |           |
| <b>Total:</b>                                           | <b>\$0.00</b>               | <b>\$0.00</b> | <b>\$</b> |

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

| <b>Budget from contract</b> |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |
|-----------------------------|-----------|--------------------------|---------------|-------------|
| Claim #                     | Invoice # | Amount claimed from CDOT | Local Benefit | Agen        |
| 1                           | 0         | \$0.00                   | \$0.00        | \$          |
| 2                           | 0         | \$0.00                   | \$0.00        | \$          |
| 3                           | 0         | \$0.00                   | \$0.00        | \$          |
| 4                           | 0         | \$0.00                   | \$0.00        | \$          |
| 5                           | 0         | \$0.00                   | \$0.00        | \$          |
| 6                           | 0         | \$0.00                   | \$0.00        | \$          |
| 7                           | 0         | \$0.00                   | \$0.00        | \$          |
| 8                           | 0         | \$0.00                   | \$0.00        | \$          |
| 9                           | 0         | \$0.00                   | \$0.00        | \$          |
| 10                          | 0         | \$0.00                   | \$0.00        | \$          |
| 11                          | 0         | \$0.00                   | \$0.00        | \$          |
| 12                          | 0         | \$0.00                   | \$0.00        | \$          |
| <b>Claims to date</b>       |           | <b>\$0.00</b>            | <b>\$0.00</b> | <b>\$</b>   |
| <b>Balance</b>              |           | <b>\$38,920.00</b>       | <b>\$0.00</b> | <b>\$12</b> |

|                              |
|------------------------------|
| <b>Date Received by OTS:</b> |
|------------------------------|

**PART III Certification of Costs Incurred**

"I certify by signing or typing my name below on the Signature line that in accordance with the laws of the State and Federal government; the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplicate payment made by the United States or the State of Colorado for actual cost reimbursement claimed herein."

**Contract Project Coordinator****Printed Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**For CDOT Use Only**

"The undersigned hereby certifies that the expenditures for purchases or services described on the voucher and in the attached supporting documents are for official State business and not for private or personal purposes; that the expenditures are reasonably and correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized by specific authority."

Project Manager (Signature)

Date:

Program Controls Analyst (Signature)

Date:

**PO & Receiver DOCS**

Req (ME51N)

Stat. PO (ME21N)

Good Rcpt (MIGO)

Svc Entry (ML81N)

Vendor #

2000001

PO Effect Date:

3/30/2016

Entry By

Date

WBS Element

16NHTSA405C.4114

Amount to Pay

\$0.00

**CDOT Business Of**

PARK doc #

Parked by:

Date:

Posted by:

Date:

sa Babler  
fic Engineering  
as Avenue  
22

### Policy Match

**\$0.00**

**2,855.00**

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Continued

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