COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Ali
Safety and Tra
4201 E. Arkans
Denver, CO 80

PART I

Agency Name: TOWN OF ERIE

Enforcement Name (if applicable)
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 (Supporting docs MUST be attached)	**Amount claimed 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)			
Total:	**$0.00**	**$0.00**	

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**	**Ag**
1	0	$0.00	$0.00	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Claims to date		**$0.00**	**$0.00**	
Balance		**$38,920.00**	**$0.00**	**$1**

Date Received by CDOT:

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 governmen
the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplic
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 reasc
correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized b
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:

 Previous editions are obsolete and may not be used, new edition incorporates Form 1068 with Form 1069.
Form 1068 is abolished.

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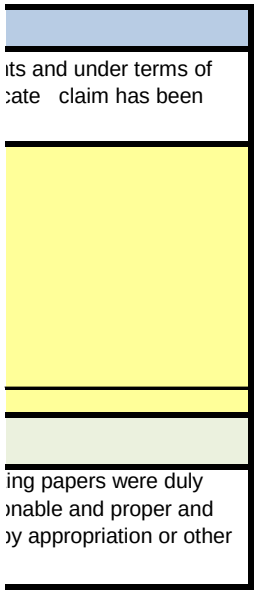
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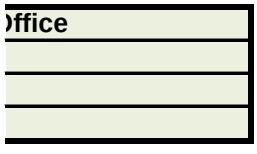
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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Al
Safety and Tra
4201 E. Arkan
Denver, CO 80

PART I

Agency Name: TOWN OF ERIE
0

Enforcement Name (if applicable)
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 (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)			
Total:	**$0.00**	**$0.00**	

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 governmer 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 suppor authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reas correctly represented by the claims set forth on this voucher are in accordance with the Law or administration rules and are authorized 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	
PARK doc #	
Parked by:	Date:
Posted by:	Date:

 Previous editions are obsolete and may not be used, new edition incorporates Form 1068 with Form 1069. Form 1068 is abolished.

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3/30/2016

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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 # 3	Monthly		Claim period	FROM:		TO:
Invoice #	Final					

Budget Categories (Supporting docs MUST be attached)	Amount claimed 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)			
Total:	**$0.00**	**$0.00**	$

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**	**Ager**
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				
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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 supportir authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reason 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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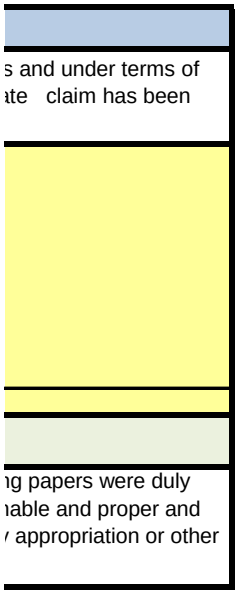
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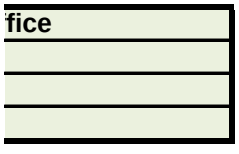
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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 (Supporting docs MUST be attached)	Amount claimed 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)			
Total:	**$0.00**	**$0.00**	$

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**	**Ager**
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**

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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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 supportir authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reason 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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3/30/2016

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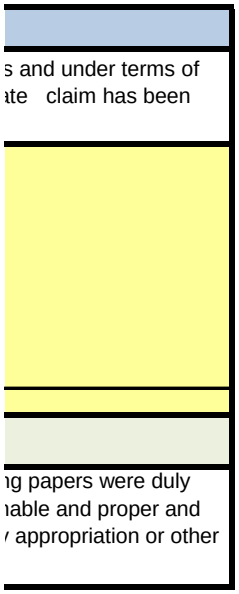
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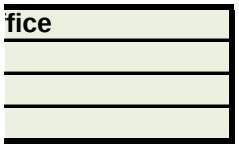
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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 # 5	Monthly		Claim period	FROM:		TO:
Invoice #	Final					

Budget Categories (Supporting docs MUST be attached)	Amount claimed 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)			
Total:	**$0.00**	**$0.00**	$

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	Ager
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				
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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 supportir authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reason 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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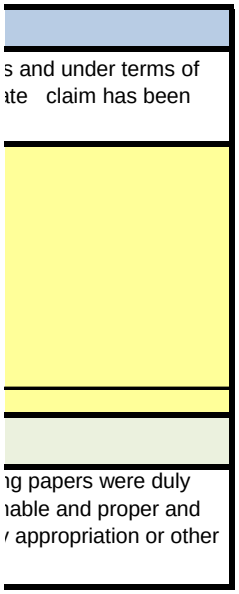
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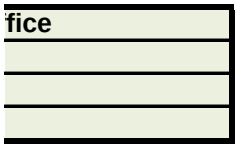
appropriation or other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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 # 6	Monthly		Claim period	FROM:	TO:
Invoice #	Final				

Budget Categories (Supporting docs MUST be attached)	Amount claimed 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)			
Total:	**$0.00**	**$0.00**	$

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	Ager
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				
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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

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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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3/30/2016
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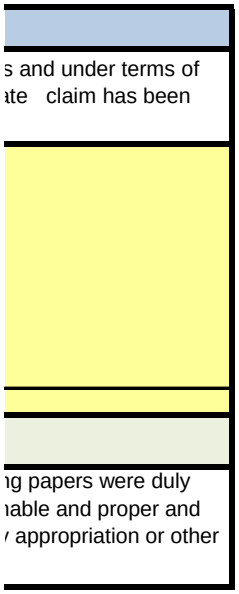
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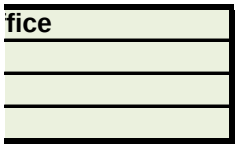
appropriation or other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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 # 7	Monthly		Claim period	FROM:		TO:
Invoice #	Final					

Budget Categories (Supporting docs MUST be attached)	Amount claimed 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)			
Total:	**$0.00**	**$0.00**	$

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	Ager
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				
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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

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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
3/30/2016
ncy Match
$0.00
2,855.00
ncy Match
$0.00
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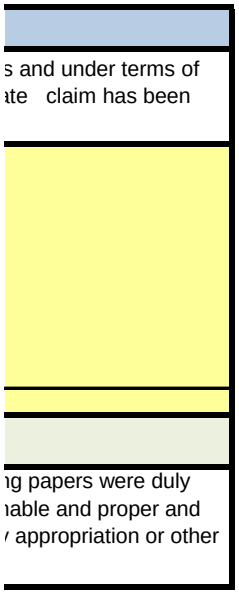
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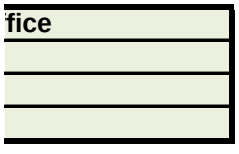
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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 (Supporting docs MUST be attached)	Amount claimed 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)			
Total:	**$0.00**	**$0.00**	$

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	Ager
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica presented to or 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 supportir authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reasor 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
3/30/2016
ncy Match
$0.00
2,855.00
ncy Match
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
2,855.00

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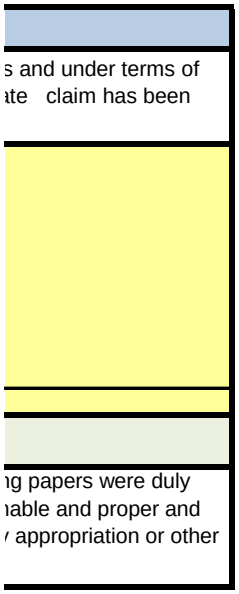
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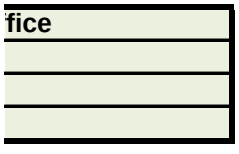
appropriation or other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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 # 9	Monthly		Claim period	FROM:		TO:
Invoice #	Final					

Budget Categories (Supporting docs MUST be attached)	Amount claimed 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)			
Total:	**$0.00**	**$0.00**	$

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	Ager
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				
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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 supportir authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reason 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
3/30/2016
ncy Match
$0.00
2,855.00
ncy Match
$0.00
$0.00
$0.00
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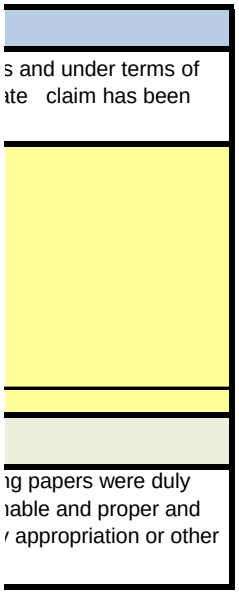
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ng papers were duly
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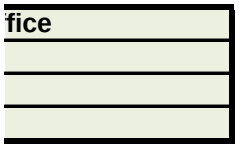
appropriation or other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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 (Supporting docs MUST be attached)	**Amount claimed 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)			
Total:	**$0.00**	**$0.00**	**$**

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**	**Ager**
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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 supportir authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reason 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
3/30/2016
ncy Match
$0.00
2,855.00
ncy Match
$0.00
$0.00
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$0.00
2,855.00

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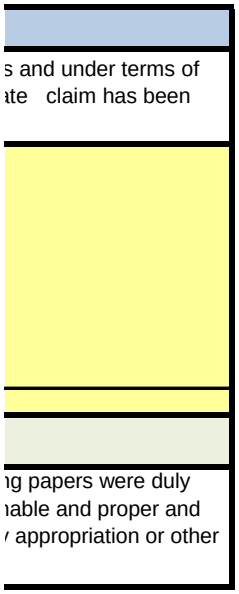
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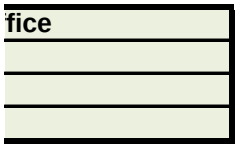
appropriation or other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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

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 # 11	Monthly		Claim period	FROM:		TO:
Invoice #	Final					

Budget Categories (Supporting docs MUST be attached)	Amount claimed 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)			
Total:	**$0.00**	**$0.00**	$

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	Ager
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				
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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 supportir authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reason 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
3/30/2016
ncy Match
$0.00
2,855.00
ncy Match
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
2,855.00

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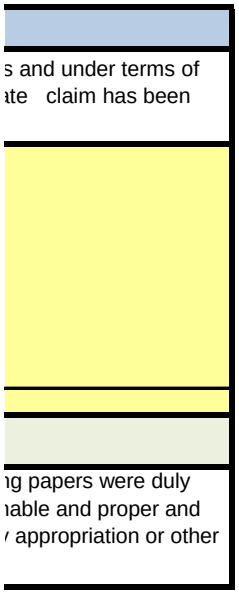
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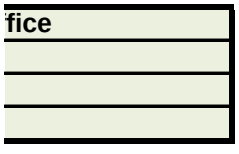
ng papers were duly
nable and proper and
appropriation or other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COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key

Contractor Completes

CDOT Completes

Return to: Alis
Safety and Traf
4201 E. Arkansa
Denver, CO 802

PART I

Agency Name: TOWN OF ERIE

0

Enforcement Name (if applicable)

Erie PD

Agency Payment Address (where payment will be mailed)

TOWN OF ERIE
PO BOX 750

WBS# 16NHTSA405C.4114	**Task #** 16-04-41-14	**PO#** 411008821	**PO Date:**
Claim # 12 Monthly	**Claim period**	**FROM:**	**TO:**
Invoice # Final			

Budget Categories (Supporting docs MUST be attached)	**Amount claimed 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)			
Total:	**$0.00**	**$0.00**	**$**

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**	**Ager**
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	$
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 governments the approved activities, actual costs claimed have been incurred for the purposes specified in the Project Contract/Agreement, no duplica 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 supportir authorized; that the expenditures are for official State business and not for private or personal purposes; that the expenditures are reason 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
ncy Match
$0.00
2,855.00
ncy Match
$0.00
$0.00
$0.00
$0.00
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$0.00
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$0.00
$0.00
2,855.00

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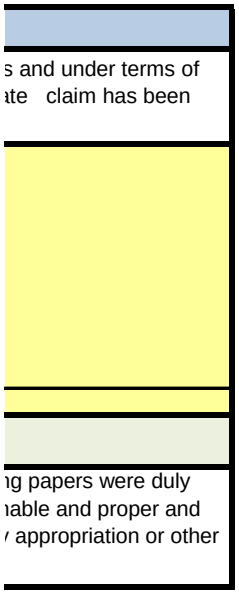
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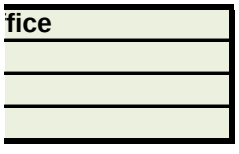
nable and proper and
appropriation or other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