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**	**Age**
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.

sa Babler
ffic Engineering
sas Avenue
222

3/30/2016

ncy Match

$0.00

2,855.00

ency Match

$0.00

$0.00

2,855.00

Continued

ıts and under terms of
cate claim has been

ing papers were duly
onable and proper and
by appropriation or other

Office

COLORADO DEPARTMENT OF TRANSPORTATION

CLAIM FOR REIMBURSEMENT

Color Key	
Contractor Completes	
CDOT Completes	

Return to: Al
Safety and Tra
4201 E. Arkans
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.

isa Babler
affic Engineering
sas Avenue
)222

3/30/2016

ency Match

$0.00

12,855.00

gency Match

$0.00

$0.00

$0.00

12,855.00

Continued

nts and under terms of the
claim has been

ting papers were duly
onable and proper and
by appropriation or other

Office

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 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 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:

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

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

2,855.00

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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 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:

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

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

2,855.00

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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 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:

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

sa Babler
fic Engineering
as Avenue
22

3/30/2016

cy Match

$0.00

,855.00

cy Match

$0.00
$0.00
$0.00
$0.00
$0.00

$0.00

,855.00

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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**	**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				
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 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:

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

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

2,855.00

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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

"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:

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

a Babler
fic Engineering
as Avenue
22
3/30/2016
cy Match
$0.00
,855.00
cy Match
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
,855.00

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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:

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

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

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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 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:

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

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

2,855.00

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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 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:

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

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
2,855.00

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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 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:

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

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

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice

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 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:

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

sa Babler
fic Engineering
as Avenue
22
cy Match
$0.00
2,855.00
cy 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
$0.00
2,855.00

Continued

s and under terms of
ate claim has been

ng papers were duly
nable and proper and
y appropriation or other

fice