

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

PART I

Agency Name: TOWN OF ERIE	Enforcement Name (if applicable) Erie PD
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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 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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as Avenue
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3/30/2016
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Office

COLORADO DEPARTMENT OF TRANSPORTATION		Color Key	Return to: All
CLAIM FOR REIMBURSEMENT		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 (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 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:

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 #	
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Posted by:	Date:

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Office

COLORADO DEPARTMENT OF TRANSPORTATION		Color Key	Return to: Alis
CLAIM FOR REIMBURSEMENT		Contractor Completes	Safety and Traf
		CDOT Completes	4201 E. Arkans
			Denver, CO 802

PART I

Agency Name: TOWN OF ERIE 0	Enforcement Name (if applicable) Erie PD
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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	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				
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 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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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. The eleventh step is to identify the implementation of the solutions. The twelfth step is to identify the evaluation of the solutions. The thirteenth step is to identify the monitoring of the solutions. The fourteenth step is to identify the reporting of the solutions. The fifteenth step is to identify the communication of the solutions. The sixteenth step is to identify the documentation of the solutions. The seventeenth step is to identify the archiving of the solutions. The eighteenth step is to identify the disposal of the solutions. The nineteenth step is to identify the recycling of the solutions. The twentieth step is to identify the reuse of the solutions.

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COLORADO DEPARTMENT OF TRANSPORTATION		Color Key	Return to: Alis
CLAIM FOR REIMBURSEMENT		Contractor Completes	Safety and Traf
		CDOT Completes	4201 E. Arkans
			Denver, CO 802

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 # 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	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

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: _____

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COLORADO DEPARTMENT OF TRANSPORTATION		Color Key	Return to: Alis
CLAIM FOR REIMBURSEMENT		Contractor Completes	Safety and Traf
		CDOT Completes	4201 E. Arkans
			Denver, CO 802

PART I

Agency Name: TOWN OF ERIE 0	Enforcement Name (if applicable) Erie PD
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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	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				
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."

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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COLORADO DEPARTMENT OF TRANSPORTATION		Color Key	Return to: Alis
CLAIM FOR REIMBURSEMENT		Contractor Completes	Safety and Traf
		CDOT Completes	4201 E. Arkans
			Denver, CO 802

PART I

Agency Name: TOWN OF ERIE 0	Enforcement Name (if applicable) Erie PD
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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 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
CLAIM FOR REIMBURSEMENT		Contractor Completes	Safety and Traf
		CDOT Completes	4201 E. Arkans
			Denver, CO 802

PART I

Agency Name: TOWN OF ERIE 0	Enforcement Name (if applicable) Erie PD
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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	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				
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 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
CLAIM FOR REIMBURSEMENT	Contractor Completes		Safety and Traf
	CDOT Completes		4201 E. Arkans
			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	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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fic Engineering
as Avenue
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3/30/2016

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Policy Match

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

PART I

Agency Name: TOWN OF ERIE 0	Enforcement Name (if applicable) Erie PD
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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	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				
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 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
22

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

Policy Match

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Page 10 of 10

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Accuracy Match

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

PART I

Agency Name: TOWN OF ERIE 0	Enforcement Name (if applicable) Erie PD
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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	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 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
22

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3/30/2016

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COLORADO DEPARTMENT OF TRANSPORTATION		Color Key	Return to: Alis
CLAIM FOR REIMBURSEMENT		Contractor Completes	Safety and Traf
		CDOT Completes	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	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				
Claims to date		\$0.00	\$0.00	\$
Balance		\$38,920.00	\$0.00	\$12

Date Received by OTS:

PART III Certification of Costs Incurred

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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

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Policy Match

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Policy Match

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

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

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	Agen
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2	0	\$0.00	\$0.00	\$
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7	0	\$0.00	\$0.00	\$
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9	0	\$0.00	\$0.00	\$
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Project Manager (Signature)	Date:
Program Controls Analyst (Signature)	Date:

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Req (ME51N)	
Stat. PO (ME21N)	
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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
22

Policy Match

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