



Measure I 2010-2040
Valley Measure I PROJECT ADVANCEMENT
 (Valley Interchange or Major Street Programs)

Request for Payment No.
 Use your invoice number ↑.

1. **Agency Name:**

Name of the agency requesting reimbursement.

2. **Contact Person:** **Phone:**

Individual SANBAG should contact for questions regarding the request or the attached material.

3. **Fiscal Year:** **2014/2015** **Quarter Number of this Request**
 (Qtr 1, Qtr 2, Qtr 3, Qtr 4):

The Fiscal Year and the Quarter to which the request applies.

4. **Payment Amount Requested: \$**

Total amount being requested for reimbursement for this quarter with this Request for Payment.

5. **Authorizing Signature:** **Date:**

Signature and date of the chief administrative officer (CAO) for the organization (e.g., city manager or county).

6. **Summary of Project Reimbursement Request**

| Project Name | SANBAG PAA Contract No. | SANBAG Reference Number | Measure I Reimbursement Requested this Quarter |
|--------------|-------------------------|-------------------------|--|
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Instructions:
Project Description: *Provide the name of the project as listed in the Project Advancement Agreement.*
SANBAG Contract No.: *Provide the contract number associated with the project.*
SANBAG Reference No.: *Use the number listed on the spreadsheet.*
Measure I Reimbursement Requested this Quarter: *List the amount requested by project. Use amount listed in letter.*

8. **Attach a copy of the contractor/consultant invoice table provided by SANBAG in its letter to the jurisdiction.**