



**Measure I 2010-2040
Valley Measure I ARTERIAL
Sub-Program**

**Request for
Payment No.**

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. **Time Period of Expenditures Covered:** From: To:

Year and months for which expenditures were incurred:

4. **SANBAG Contract No.:**

SANBAG contract number assigned to project as shown in the Jurisdiction Master Agreement.

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

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

6. **Authorizing Signature:** **Date:**

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

7. **Summary of Project Costs Table**

Project Description	Total Expended This Period	Amount Requested This Invoice	Cumulative Amount Requested to Date
Project 1	\$	\$	\$
Project 2	\$	\$	\$
Project 3	\$	\$	\$
Project 4	\$	\$	\$
TOTAL	\$	\$	\$

Project Description: *Provide the name of the project as listed in the Jurisdiction Master Agreement.*
Total Expended: *List the amounts by project, including non-SANBAG portion.*
Amount Requested This Invoice: *This is the amount requested for reimbursement from the Measure I Major Street Program.*
Cumulative Amount Requested to Date: *This is the total amount requested for the identified project from all Requests for Payment documents including the current one.*

8. **Attach a hardcopy of the contractor/consultant invoice tabulation in the format provided by SANBAG. Also submit backup contractor/consultant invoice backup via electronic submittal, i.e., scanned PDF documents.**