# Local Stimulus Program Reimbursement - Request for Payment

1. **Agency Name**:

*Name of the agency requesting reimbursement.*

2. **Contact Person**:

*Person SANBAG should contact for questions on the request or the attached back-up material.*

3. **Project Name**:

*Project name shown on project application (e.g., 3rd Street.*

4. **SANBAG P.O. No.**:

*SANBAG P.O. number assigned to project as shown in the project approval letter.*

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**

| Category Description | Amount Requested this Form | Amount Requested to Date |
|---|---|---|
| **Environmental Studies & Design** | $ | $ |
| **Plans, Specifications & Estimates** | $ | $ |
| **Construction** | $ | $ |
| **Right of Way (ROW)** | $ | $ |
| **TOTAL** | $ | $ |

7(a) **Category Description**: *Environmental Studies & Permits, PS & E, Construction including Construction Engineering, or Right of Way.*

7(b) **Amount Requested This Claim**: *This is the amount from this payment form only for this particular category.*

7(c) **Amount Requested to Date**: *This is the total amount requested for this category from all Requests for Payment documents including the current one. On the very first Request for Payment, this amount will equal (b) above and after that it will be a running total.*

8. **Attach a copy of the invoices summarized in this table.**

*Requestor may complete this table or note that separate table/spreadsheet is attached (all of the data shown below must be included).*

Governments SANBAG Working Together

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| Vendor Name | Description of Work | Invoice Date | Invoice # | Invoice Amount | Check # | Check Amount |
|---|---|---|---|---|---|---|
| | | | | $ | | $ |
| | | | | $ | | $ |
| | | | | $ | | $ |