



### Request for Reimbursement

MUNICIPALITY	DISTRICT NO.	EA & Contract NO.	TOWN NO.
Georgia	8	THS80024-305	TH60

<b>CHOOSE ONE BELOW:</b>		% of Work Completed:	Amount Previously Paid Town:
<input checked="" type="checkbox"/> Final Claim	<input type="checkbox"/> Partial Claim	100 %	\$ 0.00

<b>Name and address of claimant:</b> Town of Georgia 47 Town Common Rd No St. Albans VT 05478	<b>Emergency Fund Grant</b> <input type="checkbox"/> <b>Structures Grant</b> <input checked="" type="checkbox"/> <b>Class 2 Roadway Grant</b> <input type="checkbox"/> <b>Other (specify)</b> <input type="checkbox"/>
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<p>I (WE) SWEAR TO THE CORRECTNESS OF THE STATEMENTS MADE IN THIS CLAIM AND THAT:</p> <ol style="list-style-type: none"> <li>THE WORK IS COMPLETE AND HAS BEEN ACCEPTED BY THE MUNICIPALITY.</li> <li>THE WORK HAS BEEN PERFORMED IN ACCORDANCE WITH THE GRANT AGREEMENT WITH THE VERMONT AGENCY OF TRANSPORTATION FOR THIS PROJECT.</li> <li>THE TOWN HAS PAID FOR THE EXPENSES SHOWN HEREON (LABOR, EQUIPMENT, AND MATERIALS).</li> </ol> <p>_____ (sign)</p> <p>_____ (sign)</p> <p>_____ (sign)</p> <p>_____ (sign)</p> <p>_____ (sign)</p>	<p>Original Award Amount: \$ 200,000.00</p> <p>Amended Award Amount: \$</p> <p><b>Total state funds awarded: \$ 200,000.00</b></p> <hr/> <p><b>PROJECT COSTS:</b></p> <p>Total project costs to date: \$ 166,331.38</p> <p>Minus previous payments: \$</p> <p>Minus municipality portion: \$ 16,633.13</p> <p><b>Amount of payment: \$ 149,698.25</b></p> <p>_____ <b>Authorized District Representative (sign)</b></p> <p><b>Approved Date</b> _____</p>
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# VERMONT

TA 66

## AGENCY OF TRANSPORTATION

### REPORT OF EXPENDITURE FOR MONEY USED ON HIGHWAY WORK

**Instructions:** This form is to be used for the Town Highway, Bridge and culvert Grant work. Return this account to your District Transportation Administrator. Attach invoices, receipts and proof of payments.

Municipality : <b>GEORGIA</b>	Highway Class: <b>Class 3</b>
Highway Number: <b>TH60</b>	Bridge/Culvert Number:
Grant Number: <b>BC2263</b>	Est. Project Costs: <b>\$ 200,000.00</b>

DISTRICT CONTACT (name): **JOHN WILKINS**

Phone: **(802) 524-7001** E-Mail: **JOHN.WILKIN@VERMONT.GOV**

Force Account Work:

Total Force Account Labor: \$ 19,065.86  
 Total Force Account Equipment: \$ 42,732.52  
 Total Force Account Work: \$ \$ 61,798.38

**Contracted Work:**

Contractor Name:

1. <u>EAST ENGINEERING</u>	Total: \$ <u>7,000.00</u>
2. <u>JIMMY P'S</u>	Total: \$ <u>27,680.00</u>
3. _____	Total: \$ _____
4. _____	Total: \$ _____
5. _____	Total: \$ _____
Total Contracted Work: \$ <u>34,680.00</u>	

**Materials:**

Vendor Name:

1. <u>SEE ATTACHED LIST</u>	Total: \$ <u>69,853.00</u>
2. _____	Total: \$ _____
3. _____	Total: \$ _____
4. _____	Total: \$ _____
5. _____	Total: \$ _____
Total Material Cost: \$ <u>69,853.00</u>	

**Totals:**

Total Force Account:	\$ <u>61,798.38</u>
Total Contracted:	\$ <u>34,680.00</u>
Total Material:	\$ <u>69,853.00</u>
Project Total:	\$ <u>166,331.38</u>

I CERTIFY THAT THIS IS A CORRECT ACCOUNT OF THE EXPENSE OF THE WORK DESCRIBED.

Date..... Name.....  
 Title.....

REVIEWED:  
 District Office: .....  
 Date: .....