

STATEMENT		Customer Name	PAGE 1	
		CITY OF GROSSE POINTE WOODS		
Remit to:		Customer Account Number	Statement Closing Date	
State of Michigan Attn: Finance Cashier P.O. Box 30648 Lansing MI 48909		MDOT00183	12-04-25	
		AR Dept/BPRO	Due Date	
		591:ACT51	01-03-26	
			Amount Enclosed	

Bill to:

CITY OF GROSSE POINTE WOODS
GROSSE POINTE WOODS CITY TREASURER
20025 MACK AVENUE
GROSSE POINTE WOODS MI 48236

Please check if address has changed. Write correct address on back of stub and attach with payment.

Payment Method: Check Money Order

Please write Customer Account No. on front of Check or Money Order.
DO NOT MAIL CASH

Please detach the above stub and return with your remittance payable to Dept. of Transportation

Transportation



ORIGINAL

Customer Account Number	Statement Closing Date
MDOT00183	12-04-25
Customer Name	IF YOU HAVE ANY QUESTIONS, PLEASE CALL
CITY OF GROSSE POINTE WOODS	

Current Period Charges

Description	Date	Transaction ID	Charges
Payment - Thank you	11-20-25	CACR591260000001477	\$55,951.90
Payment - Thank you	11-20-25	CACR591260000001477	\$35,037.19
Payment - Thank you	11-20-25	CACR591260000001478	\$21,547.00
Payment - Thank you	11-20-25	CACR591260000001478	\$11,269.97
Payment - Thank you	11-20-25	CACR591260000001478	\$28,192.00
	11-26-25	CARE1591REIM26000408	\$2,272.47

Important Customer Information

P048933

#202-451-977-117

OK-GJL

SS

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RECEIVED

JAN 15 2026

CITY OF GROSSE POINTE WOODS
CLERK'S DEPARTMENT

MDOT

Michigan Department of Transportation

Statement Date: 12/08/2025

MDOT00183 - CITY OF GROSSE POINTE WOODS

Program: 218128CON

Federal Project: 24A0672

Description:

Phase: 01 Construction Contract

Funding Profile	Fed Pro Rata	Agreement Number		
A00382	80.00			
	Current Budget	Cash Expenditures	Collected	Balance Due
Federal	675,993.30	547,921.05		
Local	168,998.33	136,980.26	128,731.56	2,272.47

Vendor Code	Vendor Legal Name	Vendor Alias/DBA Name
MDOT00183	CITY OF GROSSE POINTE WOODS	

Instruction: Instruction: Remit this listing of Balance Due by Program with the payment. Payments will be applied to all programs with a balance due, unless otherwise noted.

Statement Date: 12/08/2025

Pay in Full (default if neither box is checked)
 Manual allocation specified by Program in Paid Amount below

Remittance Information:

State of Michigan
Attention: Finance Cashier
P.O. Box 30648
Lansing, MI 48909

Program	Balance Due
218128CON -	2,272.47