QUARTERLY REQUEST FOR REIMBURSEMENT
STATE AID FOR PUBLIC TRANSIT PROGRAM

North Dakota Department of Transportation, Local Government
SFN19528 (Rev. 03-2009)

Name of Transit Project		Calendar Quarter or Other	
Mailing Address	City	State	Zip Code
Contact Person		Phone Number	

BELOW, LIST ALL COSTS/EXPENDITURES FOR YOUR PROGRAM

1. SALARIES & BENEFITS COSTS	$ Total Cost	% Pertaining to Transit	$ Amount
Project Director			
Secretary			
Bookkeeper			
Driver(s)			
Dispatcher(s)			
Fringe Benefits / Taxes			
Other (define each on an attached sheet)			
TOTAL SALARIES & BENEFITS			

2. GENERAL COSTS	$ Total Cost	% Pertaining to Transit	$ Amount
General Liability Insurance			
Other Insurance			
Office Rent			
Building Leases			
Building Maintenance			
Utilities			
Phone			
Office Supplies			
Computer / Copier Maintenance			
Marketing / Advertising			
Costs to Administer Drug & Alcohol Testing			
Driver(s) Physicals			
Personal Travel/Training **Not under RTAP**			
Other (define each on an attached sheet)			
TOTAL GENERAL COSTS			

3. VEHICLE COSTS	$ Total Cost	% Pertaining to Transit	$ Amount
Regular Maintenance			
Vehicle Insurance			
Vehicle Registration Fees			
Repairs			
Fuel			
Other (define each on an attached sheet)			
TOTAL VEHICLE COSTS			

4. CAPITAL COSTS MATCH ONLY! ***OR!*** Full reimbursement for capital which was NOT reimbursed under other federal program dollars such as: Sections 5309 / 5310 / 5311 Define capital and attach invoice(s)

	$ Total Cost	% Pertaining to Transit	$ Amount
TOTAL CAPITAL COSTS			

5. SUMMARY TOTAL (total blocks 1, 2, 3 & 4)	$ Total Cost	$ Amount
-Minus Fare Income Collected		**$**
NET COST		**$**
-Minus Other Government Transit Funds Accrued This Quarter		**$**

6. STATE AID FUNDS CLAIMED THIS QUARTER	**$**
TOTAL STATE AID FUNDS GRANTED THIS YEAR	$
STATE AID FUNDS REMAINING AFTER THIS CLAIM	$

7. LOCAL REVENUE (for reporting purposes only)
List ALL sources of revenue and the entire amount. Do **Not** Just List Your Match Amount!

Contract Revenue	$	Fundraising	$
Mill Levy	$	Medicaid Rides	$
Other (specify)	$	**Other Federal Programs**	$
		TOTAL LOCAL REVENUE	**$**

8. DATA REPORT			
A. Ridership (one-way trips)	Sponsored Rides	Unsponsored Rides	Total
	Elderly & Disabled	General Public	Total
AA. *Urban Ridership	Fixed	Paratransit	Total
B. Vehicle Miles/Vehicle Hours		Total Miles	**Total Vehicle Hours

C. Safety (attach incident form for each occurrence listed below)

Fatalities

Major Incidents

Major Injuries

D. List any expenditures made with Disadvantaged Business Enterprises (DBE)

DBE Company & Address	Item or Service Purchased	$ Amount	Date of Purchase

Form Completed by (signature)	Title	Date

Please note, all transportation costs / expenditures shown above must be documented in your records and are subject to periodic audit. Records pertaining to vehicles must be maintained for the period of federal interest plus 3 years.

Send this form to: LOCAL GOVERNMENT DIVISION/TRANSIT SECTION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700

* Bismarck, Fargo, Grand Forks, Minot only.

** See new requirements for vehicle hours - time of pull out to go into revenue service, to the time pulling in from revenue service.