REIMBURSEMENT REQUEST FOR CAPITAL

North Dakota Department of Transportation, Local Government
SFN 59097 (06-2009)

Name of Transit Project	Date	
Mailing Address	State	Zip Code
Contact Person	Phone Number	

Justification for your capital.

Attach competitive bids along with the final invoice.

Total Capital Cost(s) $	% Pertaining to Transit	80% Amount $

Which source of funding are you requesting to use?

- ☐ Section 5309
- ☐ Section 5310
- ☐ Section 5311
- ☐ Section 5316 JARC
- ☐ Section 5317 New Freedom
- ☐ Other Federal Funds

Please indicate your source of match and the $amount$ for the above capital:

State Aid		Fundraising	
Contract Revenue		Medicaid Rides	
Mill Levy		Interest Income	
Other (specify)		Other Federal Non-FTA authorized programs	

List any expenditures made with Disadvantaged Business Enterprise (DBE)

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

Form Completed by (signature)	Title	Date

Note: Please call the transit office for guidance in your capital purchases. In addition, you may refer to the State Management Plan as well.

*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 three (3) years.

SEND FORM TO: ND DEPARTMENT OF TRANSPORTATION
LOCAL GOVERNMENT DIVISION / TRANSIT
608 E BOULEVARD AVE
BISMARCK ND 58505-0700