



Safe Routes to School
REIMBURSEMENT REQUEST FORM
Overview of Actions and Responsibilities

Who initiates the reimbursement request form?	The Safe Routes to School Project Recipient.
When should the form be submitted?	When you are ready to be reimbursed for project expenses that you have already paid, but not more frequently than monthly.
What documentation needs to be attached to the reimbursement request form?	The documentation should include itemized invoices showing eligible expenditures that are reasonable, necessary, and directly related to the project, and evidence of payment to your contractors. (Evidence of payment includes copies of cancelled checks, or a bank statement showing the payments.)
Where does the Recipient send the reimbursement request form and backup materials?	To the ODOT SRTS Coordinator identified in the Notice to Proceed Letter by email.
Action required by ODOT SRTS Coordinator:	<p>The ODOT SRTS Coordinator reviews the invoice and backup materials to ensure they meet the requirements of the Safe Routes to School program. The ODOT SRTS Coordinator seeks internal approvals and processes the invoice for payment.</p> <p>If adequate information is not provided with the invoice, the ODOT SRTS Coordinator will seek the necessary information from the recipient prior to processing payment.</p>
When will the Recipient receive payment?	If the invoice and backup material are complete, the Recipient should receive a check within 45 days of ODOT's approval.

Note: Invoices and backup material must be legible—be watchful for scanned quality.



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Reimbursement Request Date:

Agreement #:

Grantee Name (Entity):

Agreement Execution Date:

Grantee Address:

Invoice Period:

Reimbursement #:

Total Project Cost:

Project Name:

Total Grant Awarded:

This is the final invoice request: Yes No

Itemized breakdown of expenses paid (examples: consultant services, materials, land acquisition, etc.):
(Attach additional pages if needed)

Consultant/Contractor Name	Services Received	Amount Paid
Total Invoice Amount:		
Less Match %:		
Total Amount Due to Recipient:		
Total Funds Reimbursed to Date:		
Total Funds Remaining:		

When submitting invoices please include supporting documentation and proof of payments.

For ODOT Use Only					
Vendor Number:					
Effective Date:			Agreement/Invoice #		
Unit	EA	SJ	ACT	OBJ DET	AMOUNT

Project/Program Manager Signature Date

Approval Manager Signature Date

Printed Name

Printed Name