

REIMBURSEMENT REQUEST FOR CAPITAL

North Dakota Department of Transportation, Local Government
SFN 59097 (8-2017)

Transit Agency			Date
Address	City	State	ZIP Code
Contact Person			Telephone Number

Identify purchase and provide justification for your capital.

- Provide **VIN** if this request is vehicle related.
- For vehicle purchases, provide the certificate of origin listing NDDOT as lienholder, final invoice, and completed checklist for purchase including all required attachments.
- Attach competitive bids (if required)
- Attach the final invoice.

Date	Brief Item Description	Total Capital Cost(s)	80% - Dropping the Cents	Match Amount (20%)

Which source of funding are you requesting to use?

Section 5339 Section 5311
 Section 5310 Other Funds

Please indicate the **EXACT** source of match for amount required (as shown above in the 20% column).

State Aid		
Mill Levy		
Other (specify)		
Form Completed by (signature)	Title	Date

Note: Please call the transit office for guidance in your capital purchases.

*All transportation costs/expenditures shown above must be documented in your records and are subject to periodic audit. Records pertaining to vehicles/facilities/equipment must be maintained in accordance with federal and state requirements.

Must complete all required paperwork before request will be processed.

SEND FORM TO: NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
 ATTN: BECKY HANSON
 LOCAL GOVERNMENT DIVISION/TRANSIT SECTION
 608 E BOULEVARD AVE
 BISMARCK ND 58505-0700