

## State Aid Programs Reimbursement Request

**Instructions:** Complete and sign this form to request reimbursement for expenses incurred through one of MassDOT's funding programs. Both electronic and ink signatures are acceptable. Submit this form to your District State Aid Staff via Grants Central with all required supporting documentation.

City/Town: \_\_\_\_\_ Project Name: \_\_\_\_\_

Contract #: \_\_\_\_\_

Program Name: Chapter 90 ☐ Complete Streets ☐ Shared Streets & Spaces ☐ Small Bridge ☐  
Local Bottleneck ☐ Other ☐

Project request/application was approved on \_\_\_\_\_ for \$ \_\_\_\_\_

- 1) Attached are forms which document payment of approved expenditures totaling \$ \_\_\_\_\_ for which we are requesting \$ \_\_\_\_\_ at the approved reimbursement rate of 100%.
- 2) The amount expended to date on this project is \$ \_\_\_\_\_ including this payment.
- 3) The percentage of work completed to date is \_\_\_\_\_ %.
- 4) Is this request the final payment on this project? ☐ Yes ☐ No
- 5) Remarks:

### Certification

- A. I certify under penalties of perjury that the charges for labor, materials, equipment, and services itemized and summarized on the attached forms are true and correct and were incurred on this project in conformance with MassDOT Highway Division Policies, any applicable laws and regulations, and the established scope that was approved for this project.
- B. I certify under penalties of perjury that the items as listed or summarized on the attached forms were examined; that they are in conformity with our existing wage schedule, equipment rates, and all applicable statutes and regulations; that they are properly chargeable to the appropriation(s) designated for this work; and that Executive Order No. 195, dated April 27, 1981 and Chapter 11, Section 12 is acknowledged as applicable.
- C. I certify that this Reimbursement Request has been shared with the relevant municipal accounting and/or fiscal staff.

\_\_\_\_\_  
(Signed) (Municipal Official) (Date)