Winter Aid Recovery Program
Reimbursement Request

Instructions: Complete and sign this form to request reimbursement for expenses incurred through MassDOT's Winter Aid Recovery Program. Both electronic and ink signatures are acceptable. Submit this form to your District State Aid Staff via Grant Central with all required supporting documentation.

City/Town: _____ Project Name: _____

Contract #: _____

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)**