

**OUTLAY REPORT AND REQUEST FOR
REIMBURSEMENT FOR
CONSTRUCTION PROGRAMS**

1. TYPE OF REQUEST

- FINAL
 PARTIAL

2. BASIS OF REQUEST

- CASH
 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL
ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER
ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION
NUMBER

7. FINANCIAL ASSISTANCE
IDENTIFICATION NUMBER

8. **PERIOD COVERED BY THIS REQUEST**

From: To:

9. RECIPIENT ORGANIZATION

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

STATUS OF FUNDS

CLASSIFICATION	PROGRAMS	FUNCTIONS	ACTIVITIES	TOTAL
	(a)	(b)	(c)	
a. Administrative expense	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Preliminary expense	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Land, structures, right-of-way	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Architectural engineering basic fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other architectural engineering fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Project inspection fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Land development	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Relocation expense	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Relocation payments to individuals and businesses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Demolition and removal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Construction and project improvement cost	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m. Miscellaneous cost	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
n. Total cumulative to date (<i>sum of lines a thru m</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
o. Deductions for program income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
p. Net cumulative to date (<i>line n minus line o</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
q. Federal share to date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
r. Rehabilitation grants (100% reimbursement)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
s. Total Federal share (<i>sum of lines q and r</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
t. Federal payments previously requested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
u. Amount requested for reimbursement	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
v. Percentage of physical completion of project	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

12. **CERTIFICATION**

I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

a. RECIPIENT

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
<input type="text"/>	<input type="text"/>

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

TELEPHONE (Area code, number, and extension)

b. REPRESENTATIVE CERTIFYING TO LINE 11V

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE SIGNED
<input type="text"/>	<input type="text"/>

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

TELEPHONE (Area code, number, and extension)
