

Grant Contract Claim for Reimbursement

NDOR Highway Safety Office – NDOR-HSO
 P.O. Box 94612, Lincoln, NE 68509-4612
 Telephone: (402) 471-2515 FAX: (402) 471-3865
 Website: www.transportation.nebraska.gov/nohs/

Contractor:	Telephone:	Contract #:
Contract Title:	Month of Expenditures:	Final Claim <input type="checkbox"/>

NDOR-HSO USE ONLY

	Federal Share
Total Expenditures	
Program Income	
Net Amounts	

PROJECT FINANCIAL SUMMARY

Current Month	Previous Months	Total to Date

NOTE: Supporting documentation for all expenditures above must be attached.

CERTIFICATION:

I hereby certify the foregoing document is consistent with the terms of the grant contract and is a true and accurate accounting of the expenditures.

Signature of Project Director

Signature of Authorized Official

Type/Print Name and Title

Type/Print Name and Title

Date

Date

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Total Reimbursement	
Project Manager Review Initial/Date	
Supervisor Review Initial/Date	
Administrator Review Initials/Date	
Local %	
Accountant Date Paid/Initial	
Warrant #	
NIS #	

NDOR DOC#	
AB#	
TRANS	OE
ACTIVITY	ACCOUNT
NIGP	DATE
APPROVED (PRINT NAME) Fred E Zwonechek	
APPROVED SIGNATURE	
Project:	Amount:

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