



2828 Easy Street Suite 1, Placerville, CA 95667 | 530.642.5260 | www.edctc.org

EL DORADO COUNTY TRANSPORTATION COMMISSION
FTA SECTION 5304 and SPR PARTNERSHIP PLANNING ONLY

REQUEST FOR REIMBURSEMENT
 INVOICE NUMBER FHWA-SPR # 2223-3, Fiscal Year 2022-2023

The El Dorado County Transportation Commission, a Regional Transportation Planning Agency, requests reimbursement in the amount of \$16,086.86 for the period beginning January 1, 2023 through March 31, 2023.

I certify that I am a duly authorized representative of El Dorado County Transportation Commission and the request for reimbursement is consistent with the terms of the Master Fund Transfer Agreement, numbered 74A0787 and expiring December 31, 2024, entered into between El Dorado County Transportation Commission and the State of California, Department of Transportation. The reimbursement request is for work completed in accordance with the 2022-23 approved Overall Work Program. By signing this Request for Reimbursement Form, El Dorado County Transportation Commission certifies that all State and Federal matching requirements have been met.

2022-23 FHWA SPR Part 1 OWPA Authorized - Amendment #1	<u>\$ 56,388.99</u>	WE 253
2022-23 FHWA SPR Part 1 OWPA Authorized - Amendment #2		
Total Invoices Year-to-Date	<u>\$ 36,330.14</u>	
Current Invoice	<u>\$ 16,086.86</u>	EFT
Balance	<u>\$ 3,971.99</u>	

AGENCY Use Only				
Funding Source	Required Match %	Federal Reimbursable Amount	Local/In-Kind Match	Total Expenditures
FTA 5304 Funds	11.47%	\$ -	\$ -	\$ -
FHWA SPR Funds	20.00%	\$ -	\$ -	\$ -
FHWA SPR Funds-WE 253	20.00%	\$ 16,086.86	\$ 4,021.71	\$ 20,108.57
Current Invoice Amount		<u>\$ 16,086.86</u>		

Woodrow Deloria		<u>4/27/23</u>
Name (please print)	Signature	Date

DISTRICT Department of Transportation Use Only	
I certify that I am duly authorized by the Department of Transportation to approve payment to El Dorado County Transportation Commission in the amount of <u>\$16,086.86</u> . El Dorado County Transportation Commission has an approved Overall Work Program and the request for reimbursement is consistent with the Master Fund Transfer Agreement between the STATE and El Dorado County Transportation Commission. This authorization to pay acknowledges receipt of services billed.	
Sukhi Johal	
Name (please print) _____ Signature _____ Date _____	

HQ Department of Transportation Use Only				
Amount:	L#:	Project ID#:	Contract #:	RC#:
Amount:	L#:	Project ID#:	Contract #:	RC#:
Amount:	L#:	Project ID#:	Contract #:	RC#:

