



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

**El Dorado County Transportation Commission**  
**2828 Easy St, Suite 1, Placerville, CA 95667**

**Request for Reimbursement (RFR)**

Agency Invoice #: SHA 2324-4 FINAL MFTA: 74A0787 Fiscal Year: 2023/2024

Period of Reimbursement: Start Date: 4/1/2024 End Date: 5/31/2024

I certify that I am a duly authorized representative of the above referenced Regional Transportation Planning Agency (RTPA) and the request for reimbursement is consistent with the terms of the Master Fund Transfer Agreement (MFTA) expiring December 31, 2024, entered into between the RTPA and the State of California, Department of Transportation. The reimbursement request is for eligible work completed in accordance with the above mentioned FY's approved Overall Work Program (OWP). **By signing this RFR, the RTPA certifies that all State and Federal matching requirements have been met.**

LOCAL AGENCY Use Only						
Current Fiscal Year Reimbursement Breakdown. This portion must be completed by local agency to receive reimbursement.						
Funding Source	Minimum Required Match %	State OWP/A Approved Amount	State Reimbursable Amount	Match Amount	State Amount Previously Invoiced	State Balance
RPA	0.00%					\$ -
RPA Carryover	0.00%					\$ -
RPA Grant	0.00%					\$ -
SHA	11.47%	\$ 148,683.05	\$ 28,689.22	\$ 2,402.53	\$ 119,968.61	\$ 25.22
SB1 Competitive*	11.47%					\$ -
Adaptation	11.47%					\$ -
Total Approved Amt per Amend # 3		\$ 148,683.05				
<b>Current Invoice Amount</b>			<b>\$ 28,689.22</b>	<b>EFT</b>		
Woodrow Deloria, Executive Director		<i>Woodrow Deloria</i>				6/19/24
LOCAL AGENCY Name & Title (please print)		Signature				Date

Caltrans DISTRICT Use Only		
I certify that I am duly authorized by the Department of Transportation to approve payment to the RTPA. The RTPA has an approved Overall Work Program and the request for reimbursement is consistent with the Master Fund Transfer Agreement between the State of California, Department of Transportation and the RTPA. This authorization to pay acknowledges receipt of services billed.		
District Name & Title (please print)	Signature	Date

Caltrans HQs Use Only				
Amount:	L#:	Project ID#:	Contract #:	RC#:



