ATTACHMENT J
REQUEST FOR REIMBURSEMENT
CONTRACTOR'S ESTIMATE RECAP SHEET

Attachment J - Request for Reimbursement / Contractor's Estimate Recap Sheet

SECTION 5311 REQUEST FOR REIMBURSEMENT

(Enter your project name here.) Contract No.: **(Enter your contract number here.)**

Period: **January** **2014**

			Progr. Amt.	Curr. Amt.	Exp. to Date	Balance
ADMINISTRATIVE:						
Project Director			0.00	0.00	0.00	0.00
Secretary			0.00	0.00	0.00	0.00
Bookkeeper			0.00	0.00	0.00	0.00
Fringes			0.00	0.00	0.00	0.00
Travel/Memberships/Training			0.00	0.00	0.00	0.00
Audit			0.00	0.00	0.00	0.00
Office Supplies/Software/Office Equipment			0.00	0.00	0.00	0.00
Telephone			0.00	0.00	0.00	0.00
Printing & Advertising			0.00	0.00	0.00	0.00
Property Insurance/Bond(s)			0.00	0.00	0.00	0.00
Rent/Utilities			0.00	0.00	0.00	0.00
Other			0.00	0.00	0.00	0.00
Indirect			0.00	0.00	0.00	0.00
-Revenue Applied to Non-operating			0.00	0.00	0.00	0.00
Subtotals			0.00	0.00	0.00	0.00
TOTAL EXPENDED	0.00	x 80% =		0.00	ACTUAL REQUEST	
Admin. Fed. Requested to Date:			0.00	Admin. Federal Share Budgeted:		0.00
CAPITAL:						
Communications Equipment			0.00	0.00	0.00	0.00
Major Components			0.00	0.00	0.00	0.00
Office Equipment/Computer Hardware			0.00	0.00	0.00	0.00
Facilities			0.00	0.00	0.00	0.00
Mobility Manager			0.00	0.00	0.00	0.00
Shelters/Bus Stops			0.00	0.00	0.00	0.00
Vehicles			0.00	0.00	0.00	0.00
Other			0.00	0.00	0.00	0.00
Subtotals			0.00	0.00	0.00	0.00
TOTAL EXPENDED	0.00	x 80% =		0.00	ACTUAL REQUEST	
Capital Requested to Date :			0.00	Capital Federal Share Budgeted:		0.00
Non-operating Requested to Date :			0.00	Non-op. Federal Share Budgeted:		0.00
OPERATION:						
Operations Supervisor			0.00	0.00	0.00	0.00
Drivers, Full-time			0.00	0.00	0.00	0.00
Drivers, Part-time			0.00	0.00	0.00	0.00
Mechanic(s)			0.00	0.00	0.00	0.00
Secretary			0.00	0.00	0.00	0.00
Dispatcher			0.00	0.00	0.00	0.00
Other Staff			0.00	0.00	0.00	0.00
Other Staff (Enter title)			0.00	0.00	0.00	0.00
Fringes			0.00	0.00	0.00	0.00
Vehicle Insurance			0.00	0.00	0.00	0.00
Fuel and Oil			0.00	0.00	0.00	0.00
Tires			0.00	0.00	0.00	0.00
Preventive Maint. Parts			0.00	0.00	0.00	0.00
Preventive Maint. Labor			0.00	0.00	0.00	0.00
Repairs Parts			0.00	0.00	0.00	0.00
Repairs Labor			0.00	0.00	0.00	0.00
License Tags			0.00	0.00	0.00	0.00
Rent/Utilities			0.00	0.00	0.00	0.00
Other (Driver Expenses)			0.00	0.00	0.00	0.00
Other			0.00	0.00	0.00	0.00
-Farebox Revenue			0.00	0.00	0.00	0.00
-Other Revenue			0.00	0.00	0.00	0.00
Subtotals			0.00	0.00	0.00	0.00
TOTAL EXPENDED	0.00	x 50% =		0.00	-- OPERATING DEFICIT	
Less Excess Local Revenue			0.00	0.00	0.00	0.00
				0.00	-- ACTUAL REQUEST	
Operating Fed. Requested to Date:			0.00	Oper. Federal Share Budgeted:		0.00
TOTAL SECTION 5311 FUNDS REQUESTED:				**0.00**	Print Date:	12/16/13

Signed _____ Date _____ PTD-ATDS-3

Contractor's Estimate Recap Sheet

CG CAD- 001
REV 7-98

MISSISSIPPI DEPARTMENT OF TRANSPORTATION
CONTRACTORS ESTIMATE - RECAP SHEET

P. O. No. 3941 _____

Vendor Number 0
Project No. 76-0018-30-XXX-10 County 0 Sheet No. _____ of _____
In Account With 0
Contract Number 0 Surety
Est No. 1 (Progress) Period Oct. 1 2011 Thru Oct. 31 2011 Budget Code 61-01

	Line Item	OCA	User Code 1	Object	Project Number/ Detail Code	User Code 2	Current Period	Previous Estimate	Total Allowed to Date
Administrative Cost	001	081040	265	4790	0 001000	1	0.00	0.00	0.00
Capital Cost	002	081040	260	4790	0 002000	1	0.00	0.00	0.00
Operations Cost	003	081040	264	4790	0 003000	1	0.00	0.00	0.00
Total	004						0.00	0.00	0.00
Retainage (5%)	005	081040	265	3530	0 001000	1	0.00	0.00	0.00
Total All Work Due	006						0.00	0.00	0.00
	007								
	008								
	009								
	010								
	011								
	012								
	013								
Total Net Work Due	014						0.00	0.00	0.00

Original Signed _____
Project Manager

Verified: _____
Operations Mgmt. Analyst

Approved: _____
Administrator
Public Transit Division

Completion Date _____
Units to be Allowed:
Units Used
Contract % Complete
Contract % of Elapsed Time
Progress Schedule % Complete