Iowa Department of Transportation
Form 020018 (1-05)

TRANSIT REQUEST FOR PAYMENT

System: _____ Agreement/Fellowship Number: _____

Accounting Contract Number: _____

I. Source Funding (check only one per form)

- ☐ Section 5309
- ☐ Section 5310
- ☐ Section 5311
- ☐ Section 3037 (JARC)
- ☐ Training Fellowship
- ☐ Other (Specify) _____

II. Contract Line Item Under Which Payment is Requested (Below Line Item, show how amount requested was derived)	**A.** Contract Amount Per Line Item	**B.** Contract Payment Requested Per This Statement (Round down to earest whole n	**C.** Payment Requested Previously	**D.** Contract Funds Remaining [A-(B+C)=D]
Summary of Other Line Items for which no payment is requested at this time.		-0-		
Totals				

I certify that the above costs are supported by the attached vendor invoices or by a quarterly statistical report on file with the Iowa Department of Transportation and that these costs are correct and just to fhe best of my knowledge and belief. I further certify that, for any reimbursement I am requesting via this form, payment has not been previously received.

Signature _____ Date _____

Name _____

Title _____

The original signed copy must be submitted as the payment request.

Distribution: One Copy - Office of Finance; One Copy - Processing Office; One Copy - Applicant