|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Submit claims to:**  **Florida Department of Transportation State Safety Office 605 Suwannee Street, MS 53 Tallahassee, FL 32399-0450**  **Email: safety.subgrant.invoices@dot.state.fl.us** | | | |  |  |  |  | | --- | --- | --- | --- | | **Date:** |  | | | | **Claim Number:**  (Example: G0527001) | |  | | | **Partial Claim** | | | **Final Claim** | | |
| **Subrecipient Agency:** |  | |

# Payment Remittance Address: (as indicated on subgrant)

|  |  |
| --- | --- |
| **Name:** |  |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **City, State, Zip:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Implementing Agency:** | | |  | | | | |
| **Project Title:** |  | | | | | | |
| **Project Number:** | |  | |  | **FDOT Contract Number:** | |  |
| **For the Period of:** | |  | |  | through |  | |

|  |  |  |
| --- | --- | --- |
|  | **Personnel Services:** |  |
|  | **Contractual Services:** |  |
|  | **Expenses:** |  |
|  | **Equipment Costing $10,000 or More:** |  |
|  | **Indirect Cost: Rate**    % |  |
|  | **TOTAL COSTS CLAIMED FOR PERIOD:** | $0.00 |

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

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| --- |
|  |
| **Signature of Authorized Representative for Subrecipient** |
|  |
| **Name and Title of Authorized Representative for Subrecipient (printed)** |