RECREATIONAL TRAILS PROGRAM

DATA SHEET SUMMARIZING INVOICES

**PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROJECT NO.­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­**

**REIMBURSMENT NO.­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_**

| **Invoice #** | **Invoice Date** | **Period Covered** | **Vendor Name** | **RTP Budget Category, Item Description** | **Amount Paid** | **Payment Type** | **Check Number, Transaction Authorization Number, Trace Number** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | **Total** |  |  |  |

**Copies of invoices and proof of payments must accompany this log.**

CERTIFICATION: I certify, to the best of my knowledge and belief, the billed costs for this reimbursement request are in accordance with the terms of the RTP project agreement and that the reimbursement represents the reimbursement share due, which has not been previously requested, and that an inspection has been performed and all work is in accordance with the terms of the grant. In addition, I certify compliance with applicable federal and state regulations including, but not limited to, 2, 23 and 49 CFR, Federal, State and Local Laws and Regulations, the RTP DBE policy, Virginia Swam requirements, the construction provisions for federal-aid projects as outlined in FHWA1273, the Buy America Act, Executive Order 13788, and the FAST Act.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_