

EXHIBIT F
Request for Reimbursement Form

Date: _____ Invoice No. _____ Partial Final
 Name of Participant: _____
 Contract No. - _____ (LPA, IGA, etc.) File No. (Project ID No.) _____
 Project Name: _____

Project Implementation Date	_____
Anticipated Construction Completion Date	_____
Percentage of Construction Complete	_____

	Project Charges	Participant's Share _____%	SCDOT Share _____%
Previous Charges	_____	_____	_____
This Invoice	_____	_____	_____
Total to Date	_____	_____	_____

Payment Amount Due (Participant): \$ _____

Authority: Agreement between SCDOT and (Participant) dated _____

Certification: I certify as an authorized representative of (Participant) that the costs invoiced are, to the best of my knowledge, true, correct and in accordance with the terms and conditions of the above dated Agreement.

 (Participant's Authorized Signature)

Distribution of Fees this Period

Engineers, Contractors, Major Suppliers	Total Dollars this Period
1.	_____
2.	_____
3.	_____
4.	_____
TOTAL	_____

Note: **Attach supporting documentation – copies of invoices from contractors, major suppliers and cancelled check(s) indicating payment made - and submit to:**

South Carolina SCDOT of Transportation
 Attn: Local Public Agency Administration
 P. O. Box 191
 Columbia, South Carolina 29202