

REQUEST FOR "C" FUND REIMBURSEMENT

SUBMIT TO: GearheartIC@scdot.org
SC Department of Transportation
"C" Program Administration
955 Park Street
Columbia, SC 29201

APPROVED BY: _____ CTC

SCDOT-ASSIGNED PROJECT ID: _____

ENTITY REQUESTING REIMBURSEMENT: _____

REQUESTED REIMBURSEMENT AMOUNT: _____

SUBMITTER'S NAME: _____

SUBMITTER'S TITLE: _____

SUBMITTER'S EMAIL: _____

SUBMITTER'S PHONE: _____

ENTITY'S FEDERAL TAXPAYER IDENTIFICATION NUMBER: _____

ENTITY'S SCEIS IDENTIFICATION NUMBER: _____

To set up a new vendor account, go to <https://procurement.sc.gov/vendor/registration>

THIS IS THE FIRST REIMBURSEMENT REQUEST FOR THIS PROJECT FROM THIS VENDOR: YES NO
If yes, complete the "C" Fund Requirements Form and provide the required documentation.

CHECK BOX: PARTIAL PAYMENT FINAL PAYMENT (CLOSES PROJECT WITH SCDOT)

To set up electronic payments for direct deposit, go to
<https://treasurer.sc.gov/what-we-do/for-businesses/electronic-payment-information/>

CERTIFICATION:

I certify that the work and/or materials for which payment is herein requested have been incorporated into the above referenced project; that the project has been administered and constructed in accordance with the SC Consolidated Procurement Code and with the requirements of the "C" Fund Law (SC Code, Section 12-28-2740); that all work has been inspected and accepted by the owner; that "C" Funds have not previously been requested for the work and/or materials for which payment is herein requested; and that the funds herein requested will be applied to the purposes for which they are requested.

Certifier's Name: _____

Certifier's Title: _____

Authorized Signature: _____ SUBMITTAL DATE: _____