

LG Name _____ Project Name _____

TxDOT CSJ _____ Program _____

MARITIME DIVISION FUNDING PROGRAM

Monthly Reimbursement Certification

On behalf of the local government, I hereby certify that the cost and expenses provided as part of this reimbursement request represent work performed in compliance with all terms and conditions of the agreement/contract and that all such costs and expenses have been paid, are eligible and allowable, have not previously been reimbursed to the local government, and will not exceed the total amount of funding authorized under this agreement.

It is understood that the reimbursement request process does not require proof of payment to be submitted, but records documenting payments for billed expenses were made prior to reimbursement submission and will be made available upon request.

LG Authorized Representative
Signature _____ Date _____

LG Authorized Representative
Name _____ Title _____