## Commonwealth of Virginia Department of Conservation and Recreation Recreational Trails Program Reimbursement Certification Form

RTP Project Agreement Number:		
RTP Funding Source:		
Project Name:		
RTP Award Amount:	•	
Reimbursement Request Number:		
Reporting Period:		
<b>Total Reimbursement Amount to Date:</b>		_
		_
RTP Recipient:		
Federal ID Number:		
Contact Person:		
Contact Person Email:		
Remittance Payable to:	-	
Remittance Mailing Address:	-	
Reimbursem	ent Request Sumr	nary
	•	•
Current Expeditures, Donations, and Volunteer Labor Items		
(must be approved RTP budget items)	Amount	Notes
Item 1:	7	
Item 2:		
Item 3:		
Item 4:		
Item 5:		
Item 6:		
Item 7:		
Total Cash Value:		
Total Donated Value:		
Total Volunteer Value:		
Total Current Expenditures:		
Recipient Share (20% of total plus donations and		
volunteer labor in excess of 20%):		
Federal Share (NTE 80% of total):		_
<u> </u>		
Reimbursement Amount Requested:		
I certify, to the best of knowledge and belief, the bill	lad casts for this raimh	urcoment request are in accordance
with the terms of the RTP project agreement and the		
due, which has not been previously requested, and		•
accordance with the terms of the grant. In addition,		
regulations including, but not limited to, 2, 23, and 4		
RTP DBE policy, Virginia SWaM requirements, the c		for federal-aid projects as outlined in
FHWA1273, the Buy America Act, EO 13788 and the	I ASI AUL	
		If union Adaha Cire
Signature:		If using Adobe Sign or Digital Signature ID, it is
Printed/Typed Name:		recommended to first save
Date:		an unsigned version of the form to allow for future
- ·		rovisions, if pooded