

2020 CARES ACT OPERATIONAL GRANT FUNDING

REIMBURSEMENT REQUEST

Airport Name:	Grant No:
Airport Location ID:	Sub-Grant No. (GA only)
Total Grant Maximum:	Total Grant Balance (Including this Request):
Total Amount of This Request:	Request No. (Start at 1):
Service Dates of This Request (From/To):	Request Submittal Date:

Invoice Summary: If submitting more than one expense for each operational category (i.e., salaries, cleaning services, etc.), please provide a summary spreadsheet tabulation of all categories. **ALL EXPENSES SUBMITTED MUST BE FOR SERVICES INCURRED JANUARY 20, 2020, OR LATER.**

This request includes expenses for: _____

Required Back Up Documentation: MDOT must receive all service vendor invoice back up documentation from the Sponsor showing the total amount(s) billed **and** the total amount(s) the Sponsor paid, including **verification** of the Sponsor amount(s) paid.

Upon completion, please submit ONE document with all related information, including this invoice summary cover page, into ProjectWise invoice submittal folder for your respective airport.