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| **REIMBURSEMENT REQUEST  PROGRAMS USING LOCAL LET CONTRACT (LLC) PROCESS**  DT1713 6/2020 | Wisconsin Department of Transportation |

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| WisDOT Project ID Number | | | | Date Form Prepared | | | |
| Project Title | | | Hwy No/Letter | County | | | |
| Project Limits | | | | Municipality/Local Sponsor | | | |
| Project Description | | | | Name of Person Who Prepared This Form | | | |
| Name of Contractor or Consultant | | | | How Many Previous Reimbursement Requests Have Been Made for This Project?  0  1  2  3  4  5 | | | Mark Here If This Is The Final Request |
| **Quantity** | | **Item Description** | | | **Quantity Price** | Amount | |
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| 1 | **Total Amount of This Request** | | | | | |  |
| 2 | Subtract Any Non-Participating\* Items | | | | | | – |
| 3 | Total Cost of Participating\* Items | | | | | |  |
| 4 | Multiply By Maximum Participation | | | | | | x       % |
| 5 | **Participating Share of This Request** | | | | | |  |
| 6 | Total Participating Amount Previously Requested | | | | | |  |
| 7 | Add Lines 5 and 6 | | | | | |  |
| 8 | Maximum Dollar Amount of Participation on This Project (From Project Agreement) | | | | | |  |
| 9 | If Line 8 is greater than line 7, then enter zero. If Line 8 is less than line 7, then enter difference here. | | | | | | – |
| 10 | **Subtract Line 9 from Line 5 and enter the amount here. This amount is owed to your agency.** | | | | | |  |
|  | \* Participating Costs are costs eligible for State or Federal cost sharing and approved for inclusion in this project. | | | | | | |
| WisDOT PAYMENT APPROVAL | | | | | | | |
| Purchase Order Number | | | | | | | |
| Date Received | | | | Date Approved | | | |
| Indicate Type of Payment  Partial  Final | | | | Amount Approved  $ | | | |
| Signature of District Representative | | | | Signature of Bureau of Financial Services Representative | | | |
| **Attach supporting documents and return this form to the appropriate WisDOT Region Office.** | | | | | | | |