

KLINK PROJECT REIMBURSEMENT SUMMARY FORM

(for **ACTUAL** Construction and Construction Engineering (CE) Expenses Only)

The City official must complete this form and submit it along with detailed billing to obtain reimbursement for the KLINK Project

Agreement Number Date

KLINK Project No. Fiscal Year:

Project Description

Project Scope, i.e., Type of Work Done:

Project Length (ft. or miles) City Phone:

City of , KS Consultant Phone:

1. **Actual** Project Eligible (participating) Construction Cost:

2. **Actual** Project Non-Eligible (non-participating) Construction Cost:

Total **Actual** Construction Cost:

(1) + (2)

3. **Actual** Project Eligible (participating) Construction Engineering Cost:

4. **Actual** Project Non-Eligible (non-participating) Construction Engineering Cost:

Total **Actual** Construction Engineering Cost:

(3) + (4)

5. **Gross Project Cost** (Total Construction + Total Construction Engineering):

(1) + (2)+(3) + (4)

6. LESS ADJUSTMENTS Item No. 2 above:

Item No. 4 above:

Subtotal:

(1) + (3)

7. **Has the contractor been paid in full? YES NO**

8. Does the City desire reimbursement by Electronic Deposit? YES NO FEIN No.

9. I hereby certify that the above bill is correct, and remains due and unpaid, and that the amount claimed therein is actually due according to the law (Claimant signature, position, and date required for payment).

City Official

Position

Date