Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Selectboard  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vermont  
Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date

Whatever person or governing body is responsible.

To : Name of VTrans Project Supervisor  
 VT Agency of Transportation  
 219 North Main Street   
 Barre, VT 05641

Need Project name and number and contract number.

RE: Name of town/project name/project # (Example – Arlington **STP EH08(7)**)  
 Contract # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Need invoice # beginning with 1 and the billing period covered

Enclosed you will find Invoice #\_\_\_ for the period covering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount of invoice(s)

TOTAL REQUEST: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this reimbursement request #\_\_\_\_\_, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

I also certify that the required local match has not been provided by contributions from other federally assisted projects or programs.

The required local match may be comprised of funds provided to the Municipality under the revenue loss provisions of State and Local Fiscal Recovery/American Rescue Plan Act (SLFR/ARPA) (31 C.F.R. § 35). It is the municipalities’ sole responsibility to track expenditures and ensure compliance with United States Department of the Treasury (Treasury Department) rules and restrictions associated with SLFR/ARPA funds. By signing this invoice, I certify that if SLFR/ARPA funds are used as a local match, they are being used in accordance with all applicable Treasury Department rules and restrictions.

Sincerely;

Your cover letter may also include other pertinent information you feel is needed for accurately processing your reimbursement request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Contact information of person responsible  
for reimbursement request.