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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.** |