

# CLAIM COVER SHEET

INVOICE #

AGREEMENT #

DATE:

BILL TO:

ATTN: NC DOT

Integrated Mobility Division - Finance

1550 Mail Service Center

Raleigh, NC 27699-1550

Questions regarding this claim should be directed to:

Name:

Phone:

Email:

REQUEST FOR PAYMENT TIME PERIOD :

to

REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF:

Remittance Address:

I certify the information in this claim is accurate and true to the best of my knowledge and have not been reimbursed under any other claims or grant programs.

SIGNATURE

\* VENDOR NEEDS TO COMPLETE ALL THE SHADED AREAS

