

# Iowa DOT Presents Transit Tidbits



**“REIMBURSEMENTS”**

## What's the Big Deal with Filling Out the Reimbursement Completely and Accurately?

- **Time is Money**....the more time we spending verifying information in the reimbursement or sending back reports to be corrected, the more time it takes for everyone to get paid.
- We process reimbursements for: operating, rolling stock, other capital, STA Special Project, FTA special grants (x35 agencies).
- We understand each agency has different financials tools and processes. However, clear and accurate information gets you paid sooner.

# So what are we looking for?

## So What Do We Need?

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- **Complete Reimbursement Form**
- **Financial Documents that allow expenses and revenues to be verified**
- **Accurate Blackcat Quarterly Transit Statistics, matching financial document amounts**
- **Rolling Stock Audit/Certifications**
- **Receipts/Invoices**
- **Proof of Payments**

# Reimbursement Checklist

## When submitting a rolling stock reimbursement:

1. Enter new vehicles into Blackcat filling out information in the inventory form completely, including procurement and contract information.
2. Submit completed bus reimbursement form to your TPA and attach the following:
  - a. Copy of the final bus vendor invoice to verify costs on reimbursement form.
  - b. Copies of "make ready cost" invoices to verify costs on reimbursement and there are still funds remaining on the bus contract, please note on the reimbursement form that an additional reimbursement for make ready costs will be submitted at a future date.
  - c. Proof of Payment for invoices and make ready costs (canceled checks or ACH transactions)
3. Submit Rolling Stock Post-Delivery Audit Certifications  
This 2-page form can be found on the Iowa DOT forms portal or by using the link in the table at the end of this document.

**\*\*The form will also include the certifications for Post Delivery and FMVSS.**

- a. Post-Delivery Buy America Certification with documentation from vendor that shows the vehicle you procured is over the required 70% American Made and the Final Assembly location (must be in America)
- b. FMVSS / CMVSS Certification and Compliance Summary documentation provided by the vendor of the vehicle.

4. Submit Application for Title/Registration following the process for your type of transit agency (non profit or government) as they are different.

**\*\* If you are a large urban transit agency and submit your title and registration application to Iowa DOT Office of Vehicle Services, please make sure the lien information, if applicable, title and title sent to your TPA.**

If a vehicle was purchased using funds via a DOT contract, the title/registration as the lienholder in the first security interest box on the application. The vehicle has met its Federal useful life. Once the useful life of the vehicle is released and the title returned to your agency.

"Iowa Department of Transportation" rather than public transit section or bus first security interest box. The address is 800 Lincoln Way, Ames, IA 50010. The FTA

Forms that may need to accompany the title/registration application include the certificate of origin, odometer disclosure statement (if information is not on the certificate of origin), and vehicle damage disclosure form (if buying a used vehicle that is less than 7 years old). Links to these forms are found on the last page of this document or on the Iowa DOT forms portal.

## When submitting a non rolling stock reimbursement (PTIG, STA Special Project, or other federal grant):

1. Submit completed reimbursement form and attach the following:
  - a. Copy of vendor invoice(s) to verify costs on reimbursement form.
  - b. Proof of Payment for invoices (canceled checks or ACH transactions)
2. If you are submitting for reimbursement on an FTA facility grant you must also submit Non Rolling Stock Post-Delivery Audit Certifications for manufactured products  
This form can be found on the Iowa DOT forms portal or using the link in the table at the end of this document.

## Forms to be Used with Reimbursements or Title/Registration Applications

|                                                  |                                                                                                             |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Rolling Stock Post-Delivery Audit Certifications | <a href="#">Iowa DOT 020109 Post Delivery Audit Certifications (seamlessdocs.com)</a>                       |
| Application for Title/Registration               | <a href="#">Iowa DOT 411007 Application for Certificate of Title and/or Registration (seamlessdocs.com)</a> |
| Odometer Disclosure Statement                    | <a href="#">Iowa DOT 411077 Odometer Disclosure Statement (seamlessdocs.com)</a>                            |
| Damage Disclosure Statement                      | <a href="#">Iowa DOT 41108 Damage Disclosure Statement (seamlessdocs.com)</a>                               |
| Application for Transit Plates                   | <a href="#">Iowa DOT 020025 Application for State of Iowa Transit Bus Plates (seamlessdocs.com)</a>         |
| Non Rolling Stock Buy America Certification      | <a href="#">Iowa DOT 020083 Buy America Certification, Non-Rolling Stock (seamlessdocs.com)</a>             |

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**IOWA DOT**  
Form 02001B (12-20)
- ## TRANSIT REQUEST FOR REIMBURSEMENT
- contract numbers  
are correct
- Agency: [REDACTED]
- Agreement/Fellowship Number: 2023-001-00-SFY22 ✓
- Accounting Contract Number: 00004936 ✓
- ### I. Source Funding (check only one per form)
- |                                                  |                                                                     |                                                      |
|--------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Section 5307            | <input type="checkbox"/> Section 5311 - CARES                       | <input type="checkbox"/> Training Fellowship         |
| <input type="checkbox"/> Section 5310            | <input type="checkbox"/> Section 5339                               | <input type="checkbox"/> Section STA Special Project |
| <input checked="" type="checkbox"/> Section 5311 | <input type="checkbox"/> Public Transit Infrastructure Grant (PTIG) | <input type="checkbox"/> Other (Specify) _____       |
- | II. Contract Line Item Under Which Payment is Requested<br><br>(Below Line Item, show how amount requested was derived) | A.<br>Contract Amount<br>Per Line Item | B.<br>Contract Payment Requested<br>Per This Statement<br>(Round down to nearest whole dollar) | C.<br>Payment Requested<br>Previously | D.<br>Contract Funds Remaining<br>[A - (B + C) = D] |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|
| Operating Assistance (5311)                                                                                             | \$779,490.00 ✓                         |                                                                                                | \$212,215.00 ✓                        | \$567,275.00                                        |
| 1st Quarter FY24                                                                                                        | verified amt of original contract      | Included previous payments which matched our system                                            |                                       | \$0.00                                              |
| \$455,410 - \$19,974 = \$435,436                                                                                        |                                        |                                                                                                |                                       | \$0.00                                              |
| \$435,436 * 50% = \$217,718                                                                                             |                                        | \$217,718.00 ✓                                                                                 |                                       | \$-217,718.00                                       |
|                                                                                                                         |                                        |                                                                                                |                                       | \$0.00                                              |
|                                                                                                                         |                                        |                                                                                                |                                       | \$0.00                                              |
| 5311 Operating (50% / 50% Match)                                                                                        |                                        |                                                                                                |                                       | \$0.00                                              |
| Contract: 00004936                                                                                                      |                                        |                                                                                                |                                       | \$0.00                                              |
| Provide reimbursement details, e.g. calculations for requested amount, match, etc.                                      |                                        |                                                                                                |                                       | \$0.00                                              |
|                                                                                                                         |                                        |                                                                                                |                                       | \$0.00                                              |
|                                                                                                                         |                                        |                                                                                                |                                       | \$0.00                                              |
|                                                                                                                         |                                        |                                                                                                |                                       | \$0.00                                              |
|                                                                                                                         |                                        |                                                                                                |                                       | \$0.00                                              |
| Summary of Other Line Items for which no payment is requested at this time.                                             |                                        | whole dollar amt, rounded down                                                                 |                                       | \$0.00                                              |
| <b>Totals</b>                                                                                                           | \$779,490.00                           | \$217,718.00                                                                                   | \$212,215.00                          | \$349,557.00                                        |
- I certify that the above costs are supported by the attached vendor invoices or by a quarterly statistical report on file with the Iowa Department of Transportation and that these costs are correct and just to the best of my knowledge and belief. I further certify that, for any reimbursement I am requesting via this form, payment has not been previously received.
- Signed, dated by  
official signatory
- (Name)
- (Title)
- November 29, 2023 ✓
- (Date)

- ✓ **Operating Costs must match on quarterly stats and financial documents**
- ✓ **Passenger Revenue must match on quarterly stats and financial documents**
- ✓ **Show your work**
- ✓ **Paratransit stats match partner agency**

# Documenting Farebox Revenue – Example 1

|                                    | Q3         | Farebox   |
|------------------------------------|------------|-----------|
| Revenues                           |            |           |
| Contributions                      |            |           |
| Contributions                      |            |           |
| Donations Churches and Groups      | 0.00       |           |
| Donations Businesses               | 2,787.00   |           |
| Total Contributions                | 2,787.00   |           |
| Total Contributions                | 2,787.00   |           |
| Grant Revenues                     |            |           |
| Grant Revenue - Governmental       |            |           |
| Grant Revenue State_Federal        | 457,635.30 |           |
| Total Grant Revenue - Governmental | 457,635.30 |           |
| Grant Revenue - Other              |            |           |
| Local Grants                       | 1,000.00   |           |
| Total Grant Revenue - Other        | 1,000.00   |           |
| Total Grant Revenues               | 458,635.30 |           |
| Program Service Revenue            |            |           |
| Program Revenue                    |            |           |
| County Social Services             | 3,818.65   |           |
| Hospitals and Clinics              | 1,332.50   | 1,332.50  |
| MCO and Medicaid                   | 37,806.85  |           |
| MCO and Medicaid (Waivers)         | 192,219.60 |           |
| Nursing Homes                      | 6,615.90   | 6,615.90  |
| Other Contracted Routes            | 1,217.50   |           |
| Schools Transit                    | 37,647.90  |           |
| Work Activity Centers              | 13,281.52  | 30.12     |
| Farebox Revenue                    | 24,518.22  | 24,518.22 |
| Total Program Revenue              | 318,458.64 |           |
| Total Program Service Revenue      | 318,458.64 |           |
| Other Revenue                      |            |           |
| Transfer Funds                     | 0.00       |           |
| Internal Revenue                   | 2,790.00   | 2,790.00  |
| Total Other Revenue                | 2,790.00   |           |
| Total Revenues                     | 782,670.94 | 35,286.74 |

Revenues in financial documentation should match reimbursement form and Blackcat operating costs

# Documenting Farebox Revenue – Example 2

| Income Statement                         |               |                |                   |                |        |
|------------------------------------------|---------------|----------------|-------------------|----------------|--------|
| Division: ** Consolidated Report         |               |                | As of: 12/31/2023 |                |        |
| From Fiscal Year: 2024                   | From Period 4 | Oct-2023       | Jul-2023          |                |        |
| Thru Fiscal Year: 2024                   | Thru Period 6 | Dec-2023       | Dec-2023          |                |        |
|                                          |               | Current Period | Year To Date      |                |        |
| 4000000001 REVENUE                       |               |                |                   |                |        |
| 4010100000 FULL FARE REVENUE             |               | ★ \$12.00      | 0.00%             | \$12.00        | 0.00%  |
| 4010200000 SENIOR FARE REVENUE           |               | ★ \$6.50       | 0.00%             | \$156.50       | 0.01%  |
| 4010500000 DISABLED FARE REVENUE         |               | ★ \$2,844.50   | 0.22%             | \$6,191.50     | 0.25%  |
| 4010502200 IME Waiver                    |               | ★ (\$1,468.80) | -0.11%            | \$0.00         | 0.00%  |
| 4010502326 Amerigroup Waiver             |               | ★ \$156,614.21 | 11.93%            | \$222,616.25   | 9.07%  |
| 4010503101 Total Care Waiver             |               | ★ \$18,364.42  | 1.40%             | \$34,663.42    | 1.41%  |
| 4010503323 MOLINA _ WAIVER               |               | ★ \$7,569.84   | 0.58%             | \$12,466.84    | 0.51%  |
| 4010505000 Waiver Converted to Daily/SCL |               | ★ \$8,900.00   | 0.53%             | \$13,005.00    | 0.53%  |
| 4020500000 CASI (Prev [REDACTED] CO)     |               | ★ \$793,146.52 | 60.42%            | \$1,553,058.30 | 63.28% |
| 4020500020 III-B [REDACTED] CO           |               | ★ \$2,725.67   | 0.21%             | \$4,539.00     | 0.18%  |
| 4020500030 III-B [REDACTED] CO           |               | ★ \$2,725.67   | 0.21%             | \$4,641.00     | 0.19%  |
| 4020500040 III-B [REDACTED] COUNTY       |               | ★ \$2,725.66   | 0.21%             | \$4,641.00     | 0.19%  |
| 4020501000 MTM NEMT                      |               | ★ \$215.98     | 0.02%             | \$307.44       | 0.01%  |
| 4020502000 LGC NEMT                      |               | ★ \$6,586.23   | 0.50%             | \$12,236.56    | 0.50%  |
| 4020600000 CONTRACT REVENUE              |               | ★ \$71,739.43  | 5.46%             | \$140,789.76   | 5.74%  |
| 4090100010 [REDACTED] COUNTY AGING       |               | ★ \$4,241.25   | 0.32%             | \$8,482.50     | 0.35%  |
| 4090100020 [REDACTED] COUNTY AGING       |               | ★ \$1,601.76   | 0.12%             | \$3,203.52     | 0.13%  |
| 4090100030 [REDACTED] COUNTY AGING       |               | ★ \$1,749.99   | 0.13%             | \$3,499.98     | 0.14%  |

*Sales  
9764.00\**

# Documenting Expenses

|                                |                          |
|--------------------------------|--------------------------|
| Training - Safety              | 0.00                     |
| Vehicle Body Work              | 0.00                     |
| Vehicle Fluids                 | 4,854.98                 |
| Vehicle Fuel                   | 36,941.11                |
| Vehicle Maintenance            | (45.02)                  |
| Vehicle Outside Repair         | 14,389.10                |
| Vehicle Parts                  | 13,677.43                |
| Vehicle Signage                | 0.00                     |
| Vehicle Tires                  | 1,440.00                 |
| Vehicle Towing                 | 355.00                   |
| Vehicle Wash and Parking       | 95.30                    |
| Total Program Expenses         | <u>233,803.33</u>        |
| Allocated Indirect Costs       |                          |
| Indirect                       | <u>56,077.85</u>         |
| Total Allocated Indirect Costs | <u>56,077.85</u>         |
| Total Operating Expenses       | <u><u>708,372.57</u></u> |

If you need to show a detail that is not in your general ledger, images or notes pasted in from ledger details are always helpful. For example, showing the fuel tax rebate is removed from your operating expenses

| Expenses            |                 |
|---------------------|-----------------|
| General Ledger      | \$ [REDACTED]   |
| General Ledger Depr | \$ (160,017.61) |
| [REDACTED] Depr     | \$ 14,499.00    |
| Fuel Tax Rebate     | \$ (1,386.42)   |
| Total               | \$ 1,265,167    |
| Var                 | \$ (0)          |

Expenses in financial documentation should match reimbursement form and Blackcat operating costs

# Blackcat Quarterly Report

## Quarterly Transit Statistics Report

Jan - Mar - 2024

|                        |  |       |      |      |        |        |       |              |             |        |
|------------------------|--|-------|------|------|--------|--------|-------|--------------|-------------|--------|
| Public Transit Service |  | 3271  | 17   | 2451 | 40897  | 34003  | 2158  | \$251,442.00 | \$0.00      | \$192, |
| Public Transit Service |  | 493   | 0    | 341  | 2495   | 2224   | 174   | \$15,344.00  | \$0.00      | \$3,   |
| Public Transit Service |  | 0     | 0    | 0    | 0      | 0      | 0     | \$0.00       | \$0.00      |        |
| Public Transit Service |  | 176   | 0    | 176  | 1211   | 1132   | 83    | \$7,447.00   | \$0.00      | \$3,   |
| Public Transit Service |  | 10892 | 630  | 2826 | 34503  | 29576  | 3208  | \$212,132.00 | \$35,287.00 |        |
| Public Transit Service |  | 8687  | 3495 | 2245 | 40487  | 40487  | 4017  | \$664.00     | \$0.00      |        |
| Public Transit Service |  | 2     | 0    | 2    | 86     | 71     | 3     | \$533.00     | \$0.00      | \$     |
| Public Transit Service |  | 0     | 0    | 0    | 0      | 0      | 0     | \$0.00       | \$0.00      |        |
| Public Transit Service |  | 445   | 0    | 357  | 3160   | 2941   | 210   | \$19,432.00  | \$0.00      | \$9,   |
| Public Transit Service |  | 286   | 286  | 50   | 750    | 663    | 77    | \$4,614.00   | \$0.00      | \$1,   |
| Public Transit Service |  | 346   | 0    | 346  | 11479  | 7599   | 276   | \$70,576.00  | \$0.00      | \$37,  |
|                        |  | 25580 | 4550 | 9004 | 155592 | 136551 | 11282 | \$708,373.00 | \$35,287.00 | \$285, |

6/4/2024 01:37 PM

Operating costs and  
passenger revenue must  
match financial documents

TPAs use BC to check work  
on reimbursement forms

OC  
Pass Rev  
OD (OC-PR)\*50%  
amt remain cntrt  
6141

\$708,373.00  
\$35,287.00  
\$336,543.00 ok to pay amt requested  
\$446,608.00

**\*\*Remember costs should be no more than 50% of operating deficit. Look at individual service lines.**

# Contracted paratransit stats match

## Paratransit Reporting

It is important to ensure consistency in paratransit reporting each quarter and also to make sure each transit agency is reporting their costs and revenues correctly for NTD reporting each year. The following process will help ensure statistics are recorded correctly for paratransit.

What matches in the quarterly reports?

The following transit stats must match between the agency providing paratransit and the agency purchasing paratransit.

- Total Rides
- Vehicle Miles
- Revenue Miles
- Revenue Hours
- Passenger Revenue

What generally matches but may not?

- Operating Costs

This is the cost to operate the paratransit service and it can be different depending on how the contract is set up. For example, if the agency purchasing the paratransit service owns and maintains the paratransit vehicles, then the operating cost would include the additional cost of these vehicles. The provider would report on cost to provide the service, including labor, dispatching, administrative costs. The purchaser would report the provider cost plus the additional cost of owning and maintaining the vehicles. The cost of the contract is not reported in this section.

What likely won't match & why?

- Contract Revenue for Operations
- Other Operations
- Local Tax
- FTA for Operations
- STA for Operations

Contract Revenue: this is the revenue your agency receives to provide the service. If you are providing paratransit, this is the amount you receive from the purchasing agency. If you are the purchasing agency, you will not report revenue unless you have another contract in place to pay for paratransit.

Other Operations: this would be revenue each agency receives to support paratransit.

Local tax: this is only reported if your agency directly receives local tax funds for providing paratransit.

FTA/STA Operations: this is only reported if your agency applies your FTA or STA funds to paratransit.

September 2024

So why does this matter? It matters so we report correctly in NTD. We compare the total operating cost of providing paratransit service and determine who is paying the fully allocated cost. If the fixed route transit agency purchasing the paratransit service pays the fully allocated cost, it is reported as purchase transportation in NTD under the fixed route transit agency's statistics. If the agency providing the paratransit services does not receive the payment for the fully allocated costs through contract or passenger revenue, the service is reported under the agency providing the service.

This differs from how Iowa DOT utilizes these statistics. For purposes of the STA and FTA 5311 formulas, the fixed route transit agency purchasing the paratransit service counts the statistics to determine STA and FTA allocations. The transit agency providing the paratransit service records the agency for whom they are providing the paratransit in the 'other system count' section of the quarterly transit statistics report.

**PLEASE NOTE:** Prior to paying reimbursements for either the paratransit purchasing or provider agency, the transit statistics will be reviewed and compared between the contracted transit agencies. No reimbursements will be paid until the quarterly statistics have been submitted and compared between the agencies. Need your reimbursement? Remind your transit agency partner to also submit timely transit statistics reports.

September 2024

# Reimbursement Form Must Haves – Rolling Stock

✓ Invoices documenting amount paid

✓ Proof of payment

✓ Certifications and assurances

✓ Vehicle in Blackcat

✓ Include bus numbers

Iowa Department of Transportation  
Form 020018 (12-10)

### TRANSIT REQUEST FOR REIMBURSEMENT

Agency: [REDACTED] Agreement/Fellowship Number: 2019-008-01-FY19 ✓  
Accounting Contract Number: 22328 CNTRT-00001589

**I. Source Funding** (check only one per form)

|                                                    |                                                                     |                                                |
|----------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Section 5309              | <input type="checkbox"/> Section 5316 (JARC)                        | <input type="checkbox"/> STA Special Project   |
| <input type="checkbox"/> Section 5310              | <input type="checkbox"/> Section 5317 (NF)                          | <input type="checkbox"/> Training Fellowship   |
| <input checked="" type="checkbox"/> Section 5311 ✓ | <input type="checkbox"/> Public Transit Infrastructure Grant (PTIG) | <input type="checkbox"/> Other (Specify) _____ |

| II. Contract Line Item Under Which Payment is Requested<br>(Below Line Item show how amount requested was derived) | A. Contract Amount Per Line Item | B. Contract Payment Requested Per This Statement<br>(Round down to nearest whole dollar) | C. Payment Requested Previously | D. Contract Funds Remaining<br>(A - (B + C) = D) |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------|
| Bus #355 - replaces # 260 (line item #5) ✓                                                                         |                                  |                                                                                          |                                 |                                                  |
| VIN: 1FDDE4FN9RDD45860 ✓                                                                                           |                                  |                                                                                          |                                 |                                                  |
| Hoglund Bus Invoice M227000146: \$172,896 ✓                                                                        |                                  |                                                                                          |                                 |                                                  |
| Eligibility: 85% ✓                                                                                                 |                                  |                                                                                          |                                 |                                                  |
| Reimbursement Eligibility: \$146,961 ✓                                                                             | \$163,880.00                     | \$146,961.00                                                                             | \$0.00                          | \$16,919.00                                      |
| Summary of Other Line Items for which no payment is requested at this time:                                        | \$804,865.00                     | -0-                                                                                      |                                 | \$804,865.00                                     |
| <b>Totals</b>                                                                                                      | <b>\$968,745.00</b>              | <b>\$146,961.00</b> ✓                                                                    | <b>\$0.00</b>                   | <b>\$821,784.00</b>                              |

I certify that the above costs are supported by the attached vendor invoices or by a quarterly statistical report on file with the Iowa Department of Transportation and that these costs are correct and just to the best of my knowledge and belief. I further certify that, for any reimbursement I am requesting via this form, payment has not been previously received.

[REDACTED]  
(Signature)  
[REDACTED]  
(Name)  
Transit Administrator  
(Title)

4-16-2024  
(Date)

The original signed copy must be submitted as the payment request.

# Reimbursement Form Must Haves – Other Capital

✓ Invoices documenting amount paid

✓ Proof of payment

✓ Labor hours if needed

✓ Additional documents, if needed



## TRANSIT REQUEST FOR REIMBURSEMENT

Agency: [REDACTED]

Agreement/Fellowship Number: STA-IG-015-SFY23

Accounting Contract Number: 00004616 ✓

| I. Source Funding (check only one per form) |                                                                                  |                                                |
|---------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Section 5309       | <input type="checkbox"/> Section 5316 (JARC)                                     | <input type="checkbox"/> STA Special Project   |
| <input type="checkbox"/> Section 5310       | <input type="checkbox"/> Section 5317 (NF)                                       | <input type="checkbox"/> Training Fellowship   |
| <input type="checkbox"/> Section 5311       | <input checked="" type="checkbox"/> Public Transit Infrastructure Grant (PTIG) ✓ | <input type="checkbox"/> Other (Specify) _____ |

| II. Contract Line Item Under Which Payment Is Requested<br>(Below Line Item, show how amount requested was derived) | A.<br>Contract Amount<br>Per Line Item | B.<br>Contract Payment Requested<br>Per This Statement<br>(Round down to nearest whole dollar) | C.<br>Payment Requested<br>Previously | D.<br>Contract Funds Remaining<br>[A - (B + C) = D] |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|
| Rehabilitate Shop Area in the Maintenance [REDACTED]                                                                | \$581,566.00                           | \$25,822.00                                                                                    | \$307,278.00                          | \$248,466.00                                        |
| [REDACTED] Construction                                                                                             |                                        |                                                                                                |                                       |                                                     |
| Pay Application #7 for \$19,103.58 ✓                                                                                |                                        |                                                                                                |                                       |                                                     |
| Pay Application #8 for \$13,174.60 ✓                                                                                |                                        |                                                                                                |                                       |                                                     |
| \$32,278.18                                                                                                         |                                        |                                                                                                |                                       |                                                     |
| x 80% = \$25,822 ✓                                                                                                  |                                        |                                                                                                |                                       |                                                     |
| Requesting \$25,822 ✓                                                                                               |                                        |                                                                                                |                                       |                                                     |
|                                                                                                                     |                                        |                                                                                                |                                       |                                                     |
|                                                                                                                     |                                        |                                                                                                |                                       |                                                     |
|                                                                                                                     |                                        |                                                                                                |                                       |                                                     |
|                                                                                                                     |                                        |                                                                                                |                                       |                                                     |
|                                                                                                                     |                                        |                                                                                                |                                       |                                                     |
|                                                                                                                     |                                        |                                                                                                |                                       |                                                     |
|                                                                                                                     |                                        |                                                                                                |                                       |                                                     |
| Summary of Other Line Items for which no payment is requested at this time.                                         |                                        | -0-                                                                                            |                                       |                                                     |
| Totals                                                                                                              | \$581,566.00                           | \$25,822.00                                                                                    | \$307,278.00                          | \$248,466.00                                        |

I certify that the above costs are supported by the attached vendor invoices or by a quarterly statistical report on file with the Iowa Department of Transportation and that these costs are correct and just to the best of my knowledge and belief. I further certify that, for any reimbursement I am requesting via this form, payment has not been previously received.

(Signature)

(Name)

Director of Transit  
(Title)

9/23/2024  
(Date)

The original signed copy must be submitted as the payment request.

# Game Time

---

SHOW ME THE MONEY!



## Questions – Contact your TPA

**Laura Lutz-Zimmerman**

Transit Programs Administrator

[laura.lutzzimmerman@iowadot.us](mailto:laura.lutzzimmerman@iowadot.us)

**Matt Oetker**

Transit Programs Administrator

[matthew.oetker@iowadot.us](mailto:matthew.oetker@iowadot.us)

**Want to know more on a specific transit topic –  
SUBMIT it for Transit Tidbits**