

Sign Replacement Program for Cities & Counties (SRPFCC)

Reimbursement Certification

(v. 9.28.20)

I certify that (check all that apply):

- The signs identified on the attached invoice were approved by the Iowa Department of Transportation on the application we submitted. *
- The signs identified on the attached invoice have been installed.
- The invoice has been paid.
- The signs are replacements for the same type of sign at the same location.

(signed name)

(printed name)

(title)

(City of / County of)

Date

Total amount requested for reimbursement: \$ _____

Make reimbursement payment to: _____

Send reimbursement to (address): _____

****If the invoice includes items not approved in the SRPFCC Sign Application, show the adjusted total on the invoice for the approved items—strike through the items not part of the approved application.***