

APPENDIX C

City of Durham Logo

TRANSMITTAL MEMO

DATE:

TO: Durham County Finance

FROM:

RE: Submittal of Reimbursement for Demand Response Transportation Services

Reporting Month: _____

Total # of Invoices: _____

Total Amount of Invoices: \$ _____

Grant Code: _____

Fund Source: _____

Revenue Code: _____

WBS: _____

This memo certifies that the above request for reimbursement is for cost incurred for funds expended for the delivery of Demand Response Transportation Services to approved eligible customers.

Signature of City Designated Official

Date

Durham County Only

Entered by: _____

Date of Reimbursement Post to County: _____

Date of Check to City: _____

Date of Check Mailed to City: _____