**SECTION 5311 OPERATING ASSISTANCE – Quarterly Requisition and Certification**

Wisconsin Department of Transportation

DT63 3/2018

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Grantee Municipality | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Address | | | | | | | | | | | City | | | | | | | | State | | | | | | ZIP Code |
| 3. Project Year | | | | | | | | | 4. Date of Claim | | | | | | | 5. Type of Requisition - Check One  Progress Payment  Final Payment | | | | | | | | | |
| 6. Period Covered (Check One) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1st Quarter | | | | 2nd Quarter | | | | | | | | | 3rd Quarter | | | | | 4th Quarter | | | | | |  | |
| Jan. 1–Mar. 31 | | | | Apr. 1-June 30 | | | | | | | | | July 1-Sept. 30 | | | | | Oct. 1-Dec. 31 | | | | | | Year-End | |
| 7. Cash disbursed on project year’s expenses | | | | | | | | | | | | | | | | | | | | | | | $ | | |
| 8. Less | | | | | Project Revenue | | | | | | | | | $ | | | | | |  | | |  | | |
|  | | | | | Contra Expenses | | | | | | | | | $ | | | | | |  | | | -$ | | |
| **9. Net Project Expenses (Item 7 minus item 8)** | | | | | | | | | | | | | | | | | | | | | | | **$** | | |
| **10. Amount Eligible for Reimbursement (Contract % x Item 9)** | | | | | | | | | | | | | | | | | | | | | | | **$** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Certification: I certify that the cash disbursements shown above have been made for the**  **period indicated and that payment is due and has not been previously requested.** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | (Signature of Authorized Municipal Official) | | | | | | | | | | | | | | |  | | | (Date) |
| Name of Authorized Municipal Official | | | | | | | | | | | | | | Title | | | | | | | Area Code - Telephone Number | | | | |
|  | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| **12. STATE AGENCY AUTHORIZATION** | | | | | | | | | | | | | | Project Maximum | | | | | | | $ | | | | |
|  | | | | | | | | | | | | | | Project to Date | | | | | | | $ | | | | |
|  | | | | | | | | | | | | | | This Requisition | | | | | | | $ | | | | |
|  | | | | | | | | | | | | | | Balance | | | | | | | $ | | | | |
|  | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| **Charge To:** | | | | | | | | | | | | | | Pay This Amount | | | | | | | $ | | | | |
|  | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| Project ID | | | FY | | | Responsibility | | | | | | Function | | | Class | |
| 0418 |  |  |  | | | 08 | | 06 | | 00 | | 89 | | | 5100 | |

**INSTRUCTIONS TO GRANTEE FOR PREPARATION**

**AND FILING OF SECTION 5311 OPERATING ASSISTANCE**

**REQUISITION AND CERTIFICATION**

|  |  |
| --- | --- |
| Item 1. | The GRANTEE’S NAME ***must be the same*** as that which appears on the Section 5311 Operating Assistance contract for the grant year. |
| Item 2. | The ADDRESS must be the address of the municipal official who is authorized to sign the Section 5311 contracts. |
| Item 3. | The PROJECT YEAR is the calendar year in which the expenses were incurred. |
| Item 4. | The DATE OF CLAIM should be the date on which the requisition is signed. |
| Item 5. | TYPE OF REQUISITION. Place a “✓” or an “X” in the appropriate box. All requisitions are progress payments until the closeout audit is complete. |
| Item 6. | PERIOD COVERED. Place a “✓” or an “X” in the appropriate box. The year-end closing covers expenses which were incurred one year but not paid until after the beginning of the following year. In accordance with the contract provisions, the recipient agrees to pay the total operating deficit of the project system as its bills become due. It is expected that all bills for one year will be paid by the end of the first quarter of the following year. A year-end requisition may be submitted whenever the last expense of the project year is paid. |
| Item 7. | CASH DISBURSED ON PROJECT YEAR’S EXPENSES. This item should show only the cash paid during the requisition period on expenses relating to the appropriate project year. |
| Item 8. | PROJECT REVENUE. Should reflect actual revenue received during the claim period. CONTRA EXPENSES are revenue items which directly offset transit expenses (fuel tax rebates, freight revenue, etc.). The year-end closing requisition would normally show only revenue adjustments and contra-expenses not a summary or tabulation of total year activities. |
| Item 9. | NET PROJECT EXPENSES. Computed by subtracting Item 10 from Item 9. |
| Item 10. | AMOUNT ELIGIBLE FOR REIMBURSEMENT. This is the amount being claimed for reimbursement and is arrived at by multiplying Item 11 by the percent stated on the first page of the federal operating assistance contract for the project year. |
| Item 11. | CERTIFICATION. Must be made by a municipal official authorized to execute the grant award and request payment. |
| Item 12. | **DO NOT MAKE ANY ENTRIES IN THIS SECTION**. |

Upon appropriate completion of this form, mail the form with **ORIGINAL SIGNATURE** to:

WISCONSIN DEPARTMENT OF TRANSPORTATION

TRANSIT SECTION, 6TH FLOOR SOUTH TOWER

P.O. BOX 7913

MADISON, WI 53707-7913

We suggest that you retain a copy for your records.