

Arkansas Department of Transportation  
Planning and Research Division

## Project Claim Form

Project Number: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Length of Project: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Date From: \_\_\_\_\_ Percent of Time Used: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date To: \_\_\_\_\_ Percent of Work Completed: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Contractor: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Federal ID: \_\_\_\_\_

	Item	Total Project Budget	Fiscal Year Budget	This Claim	Approved Amount
1	<b>Salaries</b>	_____	_____	_____	_____
2	<b>Wages</b>	_____	_____	_____	_____
3	<b>Fringe Benefits</b>	_____	_____	_____	_____
4	<b>Supplies &amp; Services</b>	_____	_____	_____	_____
5	<b>Travel</b>	_____	_____	_____	_____
6	<b>Indirect Cost</b>	_____	_____	_____	_____
7	<b>Tuition</b>	_____	_____	_____	_____
8	<b>Subcontract</b>	_____	_____	_____	_____
9	<b>Equipment</b>	_____	_____	_____	_____
	<b>Totals</b>	_____	_____	_____	_____

Examined & Approved: \_\_\_\_\_

Certified Correct: \_\_\_\_\_

Principal Investigator \_\_\_\_\_

**ARDOT Use**

**Exceptions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Number: _____	Amount to Pay: _____
Requisition: _____	Invoice Number: _____
Purchase Order: _____	Invoice Date: _____
Payment Date: _____	Payment Number: _____

Department Approval Signatures from Doc Express Attached