

EXHIBIT 5-A
Claim Spreadsheet Sample

Agency Name:

Agency Name: Must match the Grant Agreement, Page 1, Box 2 (OTS-38)

Office Authorized to Receive Payments:

This is the office or department that reimbursement checks should be made payable to and should match the Grant Agreement, Page 1 Section D. (OTS-38) (Cannot be an individual's name)

Address 1:

Address 2:

Address 3:

Address: Must match the Grant Agreement, Page 1, Section D.

Grant Number:

Grant Start Date:

Personnel Indirect Rate:

OR
(Indirect costs are allowed for only one of these)

Must match the Grant Agreement Budget Estimate, (OTS-38e)

Contractual Services Indirect Rate:

STATE OF CALIFORNIA
OFFICE OF TRAFFIC SAFETY

EXHIBIT 5-A
Claim Spreadsheet Sample

GRANT CLAIM INVOICE

For work performed under provisions of the California Vehicle Code,
Chapter 1492 and the Public Law 8-564, Highway Safety Act of 1966 as amended

TO: Office of Traffic Safety
7000 Franklin Boulevard, Suite 440
Sacramento, CA 95823-1899

Progress:
Final:

FROM:

(Please remit
payment to:)

0
0
0
0

Grant No: 0 **Agency Name:** 0

Claim No: 1

Detail of Costs Reported From (Grant Start Date): January 0, 1900 thru December 31, 2007

	TOTAL COST TO DATE	LESS PRIOR CLAIMS	NET AMOUNT THIS CLAIM
PERSONNEL COSTS	0.00	0.00	0.00
TRAVEL EXPENSE	0.00	0.00	0.00
CONTRACTUAL SERVICES	0.00	0.00	0.00
EQUIPMENT	0.00	0.00	0.00
OTHER DIRECT COSTS	0.00	0.00	0.00
INDIRECT COSTS	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL REIMBURSABLE AGENCY COSTS	\$ 0.00	\$ 0.00	\$ 0.00

I CERTIFY that I am duly appointed and acting officer of the herein named agency; that the costs being claimed herein are in all respects true, correct, and in accordance with the contract provisions; that funds were expended or obligated during the grant period; and the net amount claimed above has not been previously presented to or reimbursed through the Office of Traffic Safety.

SUBMITTED BY: _____ TITLE: _____
(Type Name and Title: Grant Director/Authorizing Official/Fiscal Official as listed on the Grant Agreement)

SIGNATURE: _____ DATED: _____

PREPARED BY: _____ Telephone No.: _____
(Print or Type Name) E-Mail: _____

OTS USE ONLY			
QPR: _____	TC: _____	FFY: _____	VDR #: _____
Reviewed By: _____			Dated: _____

