

**PROJECT CLAIM INVOICE**

**OFFICE OF TRAFFIC SAFETY  
STATE OF NEVADA**

**CLAIM FOR WORK PERFORMED UNDER THE PROVISIONS OF THE HIGHWAY SAFETY ACT (1966)**

**OFFICE OF TRAFFIC SAFETY PROJECT NO:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Claim /Event No:** \_\_\_\_\_ / \_\_\_\_\_ **Period of Claim: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

<b>COST CATEGORY</b>	<b>PREVIOUS COSTS</b>	<b>COSTS THIS PERIOD</b>	<b>TOTAL COSTS</b>
Personnel Services	\$ _____	\$ _____	\$ _____
Other Direct Costs	\$ _____	\$ _____	\$ _____
<b>TOTAL COSTS</b>	\$ _____	\$ _____	\$ _____
<b>IN KIND COSTS</b>	\$ _____	\$ _____	\$ _____

I certify that, in accordance with the laws of the State and under the terms of the approved Project mentioned herein, that actual costs claimed have been incurred for the purpose specified; that no prior claim has been presented to or payment made by the State for actual costs reimbursement claimed herein.

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Project Director/Fiscal Officer

**FOR OFFICE OF TRAFFIC SAFETY USE ONLY**

Funding Source	Cumulative Total Cost to Date	Percent of Total Cost Claimed	Cumulative Federal Funds Expended	Previous Amount Claimed	Claimed This Period

**COMMENTS:**

**Management Analyst II** \_\_\_\_\_ **Date** \_\_\_\_\_

**Highway Safety Rep.** \_\_\_\_\_ **Date** \_\_\_\_\_

**Charged to Budget Account:** \_\_\_\_\_

**Highway Safety Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Category:** \_\_\_\_\_ **Posted:** \_\_\_\_\_

**Draw #:** \_\_\_\_\_

**Vendor #:** \_\_\_\_\_

PVE
650 _____
Vendor # _____ \$ _____
650 0000 _____
PEND3 _____ PEND4 _____
Warrant # _____
Warrant Date _____

<b>Current Quarterly/Event Report on File</b>	<b>Yes</b>	<b>No</b>
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