

**MARYLAND DEPARTMENT OF TRANSPORTATION  
 MARYLAND TRANSIT ADMINISTRATION  
 CAPITAL ASSISTANCE REQUEST FOR PAYMENT**

**GRANTEE:** \_\_\_\_\_  
**FEDERAL ID NO.** \_\_\_\_\_  
**PROJECT NUMBER:** \_\_\_\_\_

**PCA:** \_\_\_\_\_ **AOBJ:** \_\_\_\_\_

**PAYMENT PERIOD:** \_\_\_\_\_

**CHECK PAYABLE TO:** \_\_\_\_\_

**PAYMENT TO BE FORWARDED TO:** \_\_\_\_\_  
 Agency/County  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code

**I. CAPITAL PROGRAM OUTLAYS**

<u>Project Budget Line Item Code</u>	<u>Project Expenditures</u>	<u>Cumulative</u>
00.00.00 – Description	\$ _____	\$ _____

**II. FINANCING OF PROJECT COST**

A. <u>Total Federal Share</u> .0000 x Project Expenditure	\$ _____	\$ _____
B. <u>Total State Share</u> .0000 x Project Expenditure	\$ _____	\$ _____
C. <u>Total Local Share</u> .0000 x Project Expenditure	\$ _____	\$ _____

**III. REQUEST FOR PAYMENT**

Total Federal, State & Local Shares  
 (Section II, Line A + Line B + Line C) \$ \_\_\_\_\_  
**Total Payment Now Requested** \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_