Exhibit 3-H REQUEST FOR CAPITAL SUBVENTION REIMBURSEMENT ALLOCATION/DE-ALLOCATION

(For Projects on State Highway System with “Capital-Outlay” Costs

Funded with Local Assistance Subvention Funds and Administered by the State)

**To:**

**Division Chief Date:**

**Division of Budgets, MS 24 Dist/Co/Rte:**

**Attention: Capital Outlay Unit PM:**

**Federal Project No:**

**AMS Advantage ID:**

**Advantage Phase:**

**PPNO (if applicable):**

**RE: Request for Capital Subvention Reimbursement Allocation/De-Allocation**

**Project Description:**

(Scope of Work and Project Limits)

**Agreement:**

Local Agency: *(Name of Local Agency Contributing Funds – Not Caltrans)*

Agreement Type and Number: *(e.g., Cooperative / Contribution Agreement)*

Previously Approved Amount: *(Previously Approved Subvention Funds for Capital Outlay Work)*

Current Amount Request: *(Subvention Funds for Current Request)*

Total Amount: *(Total Authorized Subvention Funds for Capital Outlay Work)*

**Program, Category of Expenditures & Fiscal Year:**

Program Element Component Task: *(“20.20.400.xxx”) 1*

Category of Expenditure:  *1210 / 9980 (Task / Subtask) - Always Use*

Fiscal Year (FY): *(Current FY; however, Capital Outlay Unit may revise)*

**Requested By:**

Project Manager Name:

Project Manager Signature:

Date:

**Concurred By:**

DLAE Name:

DLAE Signature:

Date:

**Concurred By: (HQ Division of Local Assistance, Subvention Management Branch)**

Name:

Date:

*1* Values for “xxx” are available from the Division of Accounting’s Coding Manual at: <http://accounting.onramp.dot.ca.gov/section-4-program-20-highways>

Distribution:

1. Caltrans Project Manager (5) HQ DLA – Subvention Management Branch
2. District Project Control (6) HQ Division of Budgets – Capital Outlay Unit
3. Caltrans DLAE (7) HQ Division of Accounting – Local Program Accounting

(4) HQ DLA – Office of Project Implementation