

FINANCE LETTER

STATE-ONLY FUNDED (SSARP Program)

DEPARTMENT OF TRANSPORTATION
DIVISION OF ACCOUNTING
LOCAL PROGRAM ACCOUNTING BRANCH

Date: _____
Agency: _____
Project Number: _____
Advantage ID: _____
Program: **SSARP**

ATTN: _____

	Total Cost	Participating Costs	State Funds (SSARP)	Local Funds	Other Funds
Preliminary Engineering (for Safety Analysis/Report)					
TOTALS	\$0	\$0	\$0	\$0	\$0

Reimbursement Ratio (90% maximum): _____ Signature: _____ Contact: _____

Title: _____ Telephone: _____

Remarks: _____
