

FORM 15 – PROJECT REIMBURSEMENT FOR OVERTIME



Traffic Safety Bureau (505) 827-0427 1-800-541-7952

PROJECT REIMBURSEMENT CLAIM for OVERTIME

1. Claim Number: _____ 2. TSB Project Agreement #: _____ 3. Period of Claim: ____/____ to ____/____
 4. Grantee Name: _____ Address: _____
 _____ Zip _____

(where check should be sent)

5. NAME	6. DATES WORKED	7. Type of Overtime (regular, dispatcher, court)	8. # OF OVERTIME HOURS WORKED	9. OVERTIME HOURLY RATE	10 TOTAL PAID AMOUNT
11.TOTALS					

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, and copies of all required documentation are attached, when required or on file for review. All payments requests listed are not funded by any other funding source. Funds being claimed were not used to supplant (Replace routine and/or existing State or local expenditures with the use of project agreement funds and/or use these funds for costs of activities that constitute general expenses required to carry out the overall responsibilities of State, local, or federally-recognized Indian tribal governments). The GRANTEE has not billed another funding source for the same items and/or services being claimed on this form.

12. IS THIS A FINAL REIMBURSEMENT CLAIM? _____ YES _____ NO

13. CERTIFIED CORRECT BY:

_____ Project Director Signature

_____ Date

_____ Print Project Director Name

_____ Date

14. Authorized for payment by:

_____ TSB Program Manager

_____ Date

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INSTRUCTIONS FOR COMPLETING A PROJECT REIMBURSEMENT CLAIM FOR OVERTIME

1. **Claim Number:** Fill out claim numbers in sequence, i.e. 1, 2, 3, 4, etc.
2. **TSB Project Agreement Number:** i.e. 02-EE-05-115
3. **Period of Claim:** Dates when work was performed
4. **Grantee Name:** Agency name and mailing information; address where check should be mailed

5. **Name:** Name of officer
6. **Dates Worked:** Dates officer worked
7. **Type of Overtime:** List type of overtime worked, such as regular, dispatcher, court
8. **# of Overtime Hours Worked:** Total hours officer worked
9. **Overtime Hourly Rate:** Round to 2nd decimal place
10. **Paid Amount:** Total amount paid to officer
11. **Totals:** Total columns 7 and 9

12. **Is this the final reimbursement claim?:** All claims should be marked (X) No, unless it is the final claim, in which case, mark (X) for Yes

13. **Certified Correct by:** Claim must be signed and dated by the approved Project Director.
14. **Authorized for Payment by:** To be signed and dated by TSB Program Manager