[ON PROJECT SPONSOR LETTERHEAD]

[Date]

Ms. Cheryl Ladota
Division Chief
Grants & Programs Management Division
Maryland State Highway Administration
707 N. Calvert Street, C-502
Baltimore, MD 21202

RE: **[Project Title]**
State Highway Project Number: **[Number]** if applicable

Invoice Number - [Number] (Must be a unique number)

Dear Ms. Ladota:

This is to inform you that the **[Project Sponsor]** has completed approximately **[XX]%** of the work needed to complete the **[Project Title]**, using $**[Award Amount]** in Transportation Alternation Funds. At this time **[Project Sponsor]** respectfully requests reimbursement from the State Highway Administration for the **[description of material/labor supplied for this portion of project]**.

Project Information

Invoice information	**Value**
Federal ID Number	[Enter Federal ID]
Total Cost of Project	[Enter total project cost]
TAP Awarded Amount	[Enter TAP awarded amount]
TAP Match Requirement Amount	[Enter TAP match requirement]
Timeframe Invoice Covers	[Start date to end date]
TAP funds requested for reimbursement with this invoice	[Enter requested TAP reimbursement]
20% Match amount for this reimbursement	[Enter 20% match amount]

Remit payment to the following address:
[Provide the address that the reimbursement is to be paid]

Please find the following items enclosed:

- 20% Match documentation
  (Provide detailed report presenting the breakdown of how you have spent this money on the project with invoices and canceled checks)
- Copy of invoice from contractor/vendor to sponsor
  (Include copy of invoice)
- Copy of cancelled check paid to contractor/vendor
  (Include copy of cancelled check(s))

Should you have any questions or require additional information, please contact me at [Phone number].

Sincerely,

[Name and Title]
[Project Sponsor]