

UNIVERSITY OF CALIFORNIA BERKELEY, SCHOOL OF PUBLIC HEALTH  
CLAIM

TO: UC Berkeley - Traffic Safety Center  
Click It or Ticket Program  
2614 Dwight Way, MC # 7374  
Berkeley, CA 94720-7374

REMIT TO:

Agency Name: Anytown, City of  
Office Authorized to Receive Payments: Finance Department  
Attn: Finance Director  
123 Cherry Street  
Anytown, CA 12345

Grant No: CT08 999

Purchase Order No: 12345678

Claim No: 1 - 999

Detail of Costs Reported From: May 12, 2008 thru July 31, 2008

TOTAL REIMBURSABLE AGENCY COSTS \$ 4,600.00

I CERTIFY that I am duly appointed and acting officer of the herein named agency; that the costs being claimed herein are in all respects true, correct, and in accordance with the contract provisions; that funds were expended or obligated during the grant period; and the net amount claimed above has not been previously presented to or reimbursed through the UCB Traffic Safety Center.

SUBMITTED BY: MICHAEL JORDAN TITLE: CHIEF OF POLICE  
(Type: Authorizing Official in Box B of grant cover page or Individual Authorized to Sign Claims in Box D)

SIGNATURE: [Signature] DATED: 03.10.08

Prepared by: LEBRON JAMES Phone: 910.520.6555

TSC OPERATIONAL REVIEW: \_\_\_\_\_ DATED: \_\_\_\_\_

Ensure that the following documents are submitted with the claim:

- Overtime slips supporting overtime hours
- Ledger report (source document only) supporting the claim amount

Verify:

- Press release and mobilization data have been submitted
- The "Agency Information," "Claim," and "Claim Details" forms are complete, correctly filled out and are sent to the TSC with the documents listed above
- The claim is signed by the Authorizing Official of the Applicant Agency or by one of the additional individuals designated by the Authorizing Official to sign claims



