

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
Division of Budgets, MS 24
Attention: Capital Outlay Unit

Date:
Dist/Co/Rte:
PM:
Federal Project No:
AMS Advantage ID:
Advantage Phase:
PPNO (if applicable):

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

Project Description:

Agreement:

Local Agency:
Agreement Type and Number:
Previously Approved Amount:
Current Amount Request:
Total Amount:

Program, Category of Expenditures & Fiscal Year:

Program Element Component Task:
Category of Expenditure:
Fiscal Year (FY):

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:

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
(2) District Project Control
(3) Caltrans DLAE
(4) HQ DLA - Office of Project Implementation
(5) HQ DLA - Subvention Management Branch
(6) HQ Division of Budgets - Capital Outlay Unit
(7) HQ Division of Accounting - Local Program Accounting