

**PROJECT ALLOCATION CLOSE OUT /  
REQUEST FOR FINAL PAYMENT**

DMT-0039a (Rev. 12/04)

PROGRAM SUPPLEMENT NUMBER

EXPENDITURE AUTHORIZATION (EA)

**Section I (Allocation Information)**

CTC ALLOCATION RESOLUTION	ALLOCATION AMOUNT \$	STATE FUNDS (if different) \$	L.E.D. OF THIS ALLOCATION (per PS)
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**Section II (For Local Agency Use Only)**

AGENCY NAME	AGENCY PHONE NUMBER
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AGENCY ADDRESS

PROJECT NAME / TITLE

PROJECT LOCATION

PROJECT DESCRIPTION

COMMENTS

***I am requesting that this EA (or Project) be closed out as related work has been completed in accordance with the agreement.***

PRINT NAME OF AGENCY'S PROJECT MANAGER

PROJECT MANAGER'S TITLE

SIGNATURE OF AGENCY'S PROJECT MANAGER

DATE SIGNED

DATE WORK COMPLETED

**Section III (For Caltrans Use Only)**

WAS ORIGINAL SCOPE OF WORK CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE CHANGE
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WAS ALLOCATION AMOUNT AMENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT WAS ORIGINAL AMOUNT? \$	WHAT IS AMENDED AMOUNT, IF ANY? \$
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DID STATE FUNDS REQUIRE A MATCH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WERE FUNDS SPENT PROPORTIONALLY?	SOURCE OF MATCHING FUNDS?
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DOES PROJECT INCLUDE OTHER STATE FUNDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ITEMIZE BY FUND TYPE (SHA, PTA, TCRF, P116, GF), AND PURPOSE
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DOES THIS CLOSE OUT INCLUDE A FINAL PAYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT OF FINAL PAYMENT: \$
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***I certify that this EA (or Project) can be closed out as related work has been completed in accordance with the agreement.***

PRINT NAME OF CALTRANS PROJECT ADMINISTRATOR

CALTRANS PROJECT ADMINISTRATOR'S TITLE

SIGNATURE OF CALTRANS PROJECT ADMINISTRATOR

DATE SIGNED

PHONE NUMBER

**ANSWER THE FOLLOWING ONLY IF THERE ARE NO MORE STATE FUNDS AND PROJECT IS COMPLETE**

WAS PROJECT COMPLETED BASED ON APPROVED SCOPE OF WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPLETION DATE:
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IF NO, EXPLAIN

COMMENTS

FINAL CLOSE OUT INSPECTION PERFORMED BY (if different than Caltrans Project Administrator):

DATE OF FINAL INSPECTION

SIGNATURE OF CALTRANS FINAL CLOSE OUT INSPECTOR

DATE SIGNED

PHONE NUMBER