

CLAIM FOR REFUND

TO BE IN COUNTY TRANSPORTATION OFFICE BY THE 5TH OF EACH MONTH

Invoice # _____ Date: _____

Remit Payment To:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Claim for Refund of County Engineer's and County Engineer Intern or Graduated Registered Assistant's Salary for the month of _____, 20____, as provided by Section 11-6-4 & 11-6-23, Code of Alabama.

COUNTY ENGINEER:

**COUNTY ENGINEER INTERN/
GRADUATE REGISTERED ENGINEER:**

Name: _____

Name: _____

Amount Paid by County \$ _____

Amount Paid by County \$ _____

Less County's Share: \$ _____

Less County's Share \$ _____

*Refund Due by State \$ _____

*Refund Due by State \$ _____

***TOTAL REFUND BY STATE \$ _____**

I hereby certify the within account is true and correct, and that payment therefore has not been received.

Signed: _____

County Official

Sworn to and subscribed before me this _____ day of _____ 20 _____

My Commission Expires _____ Notary Public: _____

APPROVED: _____ P.E. DATE: _____

State Local Transportation Engineer