Date

ARC Contact Name

ARC Contact Title

Transportation Access & Mobility Department

Atlanta Regional Commission

229 Peachtree Street NE

Atlanta, GA 30303

ARC Contact Email Address

**RE: XX County CTP, Reimbursement Request: Invoice #1**

Dear ARC Contact Name,

Enclosed for your review is invoice #1 for federal reimbursement for the XXX County CTP. XXX County has accepted work performed by XXX in the amount of $XXX. We are requesting federal reimbursement of $XXX. Please direct any questions or comments regarding this request to me at XXX-XXX-XXXX.

Sincerely,

Signature

Appropriate Jurisdiction Staff Person

Title