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| LOGO2LIN | **Request for Payment** |
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| FROM: | GRANTEE |  |
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|  | ADDRESS |  |
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| TO: | Division of Public and Intermodal TransportationIllinois Department of Transportation100 West Randolph, Suite 6-600Chicago, Illinois 60601 |  |
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| The maximum  compensation for (project description) under projectCAP / OP / IL # is (agreement amount). Please remit (amount requesting) for the period (mo/day/year), through (mo/day/year). |
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|  |  |
|  | Signature |
|  | Authorized Agency Representative |
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|  |       |
|  | Title |
|  |  |
|  |  |
|  | Date |
|  |  |
| Division of Public and Intermodal Transportation |  |
| Approval for payment by: |  |
|  |  |
|  |  |
|  |  |
| Signature |  |
|  |  |
|  |  |
| Date |  |