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| TO: | Division of Public and Intermodal Transportation  Illinois Department of Transportation  100 West Randolph, Suite 6-600  Chicago, Illinois 60601 | | | | |  |
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| The maximum  compensation for (project description) under project  CAP / OP / IL # is (agreement amount). Please remit (amount requesting)  for the period (mo/day/year), through (mo/day/year). | | | | | | |
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| Division of Public and Intermodal Transportation | |  | | | | |
| Approval for payment by: | |  | | | | |
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