Arkansas Department of Transportation
Planning & Research Division

Project Claim Form

Project Number: _____ Fiscal Year: _____ Length of Project: _____
Claim Number: _____ Date From: _____ Percent of Time Used: _____
Date Submitted: _____ Date To: _____ Percent of Work Completed: _____

Name of Project: _____
Contractor: _____
Payment Address: _____
Federal ID: _____

	Item	Total Project Budget	Fiscal Year Budget	This Claim	Approved Amount
1	**Salaries**				
2	**Wages**				
3	**Fringe Benefits**				
4	**Supplies & Services**				
5	**Travel**				
6	**Indirect Cost**				
7	**Tuition**				
8	**Subcontract**				
9	**Equipment**				
	Totals	0.00	0.00	0.00	

Examined & Approved: Certified Correct:

_____ _____
Principal Investigator _____

ARDOT Use

Exceptions:

Project Number: _____ Amount to Pay: _____
Requisition: _____ Invoice Number: _____
Purchase Order: _____ Invoice Date: _____
Payment Date: _____ Payment Number: _____

Department Approval Signatures from Doc Express Attached

Revised September 2026