



U.S. Department
of Transportation

**Federal Highway
Administration**

**Department of Transportation
Federal Highway Administration
(FHWA)**

National Highway Institute Training Payment Form

**Required Field*

*NHI Bill #:

*Payer's Employer:

*Name:

Address Line 1:

Address Line 2:

City:

*State:

Zip Code:

*Contact Phone#:

*Payment Type: **NHI**

*Payment Amount: