

Date of Invoice: _____
 _____, District Local Assistance Engineer

California Department of Transportation
 District Local Assistance

Billing Number: _____
 Invoice Number: _____
 Federal-aid Project Number: _____
 Tax Identification Number: _____
 Date Project Accepted by City/County: _____
 Project Location: _____

Expenditure Authorization or Advantage Project Number: _____

Reimbursement for Federal funds is claimed pursuant to Local Agency-State Agreement No. _____, Program Supplement No. _____, executed on _____.

	Preliminary Engineering	Construction Engineering	Right of Way Acquisition	Construction Contract	Total
Federal Appropriations Code					
Federal Authorization Date					
Federal/State Participating Costs From					
To					
Total Indirect Costs to Date					
Total Direct Costs to Date					
Less Retention					
Less Liquidated Damages					
Less Nonparticipating Costs					
Total Federal Participating Costs to Date					
Less Participating Costs on Previous Invoice					
Change in Participating Costs					
Federal Reimbursement Ratio/State Reimbursement Ratio (if applicable)					
Amount of this Claim					
TOTAL INVOICE AMOUNT					

INDIRECT COST CALCULATION

Preliminary Engineering Indirect Costs:

	Fiscal Year	Fiscal Year
Direct Cost Base Expense		
Approved Indirect Cost Rate		
Subtotal****		

Total Indirect Costs to Date for Preliminary Engineering _____ (This Amount is carried to the front of the invoice under the "Preliminary Engineering" column.)

Construction Engineering Indirect Costs:

	Fiscal Year	Fiscal Year
Direct Cost Base Expense		
Approved Indirect Cost Rate		
Subtotal****		

Total Indirect Costs to Date for Construction Engineering _____ (This Amount is carried to the front of the invoice under the "Construction Engineering" column.)

I certify that the work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed, including retention as reflected above, is due and payable in accordance with the terms of the agreement.

Signature, Title, and Unit of Local Agency Representative

Phone No.

For questions regarding this invoice, please contact:

Name

Phone No.

* Total retention amount withheld from contractor. At the end of the project and after all retention has been released, this amount should be zero.

** Show "liquidated damages" amount on final invoice.

*** Total must be rounded down to the lowest cent. Federal rules do not allow rounding up.

- ****
- Indirect cost for this project equals the direct cost base expense (i.e., direct salaries & wages plus fringe benefits) for this project multiplied by the approved indirect cost rate.
 - Indirect cost reimbursement will not apply to direct costs, (i.e., payment of construction contracts and right of way purchases) not included in the direct cost base.
 - Caltrans must approve an indirect rate every fiscal year to be used for only those costs incurred for that year.

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