

EXHIBIT 5-C State Project Invoice

Date of Invoice: \_\_\_\_\_  
 \_\_\_\_\_, District Local Assistance Engineer  
 California Department of Transportation  
 District Local Assistance  
 \_\_\_\_\_

Billing Number: \_\_\_\_\_  
 Invoice Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Tax Identification Number: \_\_\_\_\_  
 Date Project Accepted by City/County: \_\_\_\_\_  
 Project Location: \_\_\_\_\_

**1, 2..., or Final**  
**Local Agency's Invoice Number**  
**Prefix Project Number**  
**Agency IRS ID Number**  
**Accepted Date or "Ongoing" if not Final**

Expenditure Authorization or Advantage Project Number: \_\_\_\_\_

Reimbursement for Federal funds is claimed pursuant to Local Agency-State Agreement No. \_\_\_\_\_,  
 Program Supplement No. \_\_\_\_\_, executed on [date] \_\_\_\_\_.

	<b>Preliminary Engineering</b>	<b>Construction Engineering</b>	<b>Right of Way Acquisition</b>	<b>Construction Contract</b>	<b>Total</b>
Total Indirect costs to Date					
Total Direct Costs to Date					
Participating Costs From					
To					
Less Retention					
Liquidated Damages					
Nonparticipating Costs					
Total State Participating Costs to Date					
Less Participating Costs on Previous Invoice					
Change in Participating Costs					
Reimbursement Ratio					
Amount of this Claim					
<b>TOTAL INVOICE AMOUNT</b>					

