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Date of Invoice:

Department of Transportation

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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 date \_\_\_\_\_.

|   | <b>Preliminary<br/>Engineering</b> | <b>Construction<br/>Engineering</b> | <b>Right of Way<br/>Acquisition</b> | <b>Construction<br/>Contract</b> | <b>Total</b> |
|---|------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------|
| Federal Appropriations Code   |                                    |                                     |                                     |                                  |              |
| Federal Authorization Date  |                                    |                                     |                                     |                                  |              |
| Federal/State Participating Costs From                                |                                    |                                     |                                     |                                  |              |
| To  |                                    |                                     |                                     |                                  |              |
| Total Indirect Costs to Date  |                                    |                                     |                                     |                                  |              |
| Total Direct Costs to Date  |                                    |                                     |                                     |                                  |              |
| Less Retention  |                                    |                                     |                                     |                                  |              |
| Liquidated Damages  |                                    |                                     |                                     |                                  |              |
| 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  |                                    |                                     |                                     |                                  |              |

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

**INDIRECT COST CALCULATION**

**Preliminary Engineering Indirect Costs ( \_\_\_\_\_ ):**

|                             |  |  |
|-----------------------------|--|--|
| 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 ( \_\_\_\_\_ ):**

|                             |  |  |
|-----------------------------|--|--|
| 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)

**Preliminary Engineering Indirect Costs (                    ):**

|                             |  |  |
|-----------------------------|--|--|
|                             |  |  |
| 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 114 Preliminary Engineering column)

**Construction Engineering Indirect Costs (                    ):**

|                             |  |  |
|-----------------------------|--|--|
|                             |  |  |
| 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.
  - An indirect rate must be approved by Caltrans every fiscal year to be used for only those costs incurred for that year.

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