INVOICENUMBER: df

Phase being invoiced: asdf

Department of Transportation, District Two

Financial Project ID: adsf Contract Number: 234 Project Description: sadf

ATTN: asdf (FDOT Representative)

Project Summary of work completed:

In accordance $% 10^{10}$ with the Joint Participation Agreement/Local Agency Program Agreement and any Supplemental Agreements dated 04/15/2016 between the Florida Department of Transportation and the Agency listed below.

sdfe

(Local Agency Name)

asdf

(Local Agency Address)

The Agency incurred the indebtedness listed below between: 04/15/2016 and 04/15/2016

Days until current phase completion: 214

The invoice is for cost incurred on an Executed Joint Participation Agreeement or Local Agency Program Agreement.

TOTAL AMOUNT OF REIMBRTSEMENT AGREEMENT:

TOTAL PREVIOUSLYBILLED:

TOTAL for CURRENT BILLING:

Percentage of JAP/LAP FUNDS EXPENDED:

BALANCE on JPA/LAP AGREEMENT:

\$234.00 \$234.00 \$234.00 200.00 % \$-234.00

I certify, under penalty of perjury, that the aforesaid listing is true and correct, that requested reimbursements are for actual cost incurred, that our agency has compiled with all previsions of the above referenced Agreement, including terms and conditions of procurement, and that the supporting documentation submitted is sufficient for a proper pre-audit and post -audit thereof and is available for review upon request.

Signature

erik louis

My Group

Contractor

Date: