

INVOICE NUMBER:

Phase being invoiced:

Department of Transportation, District Two

Financial Project ID:

Contract Number:

Project Description:

ATTN: (FDOT Representative)

Project Summary of work completed:

In accordance with the Joint Participation Agreement/Local Agency Program Agreement and any Supplemental Agreements dated between the Florida Department of Transportation and the Agency listed below.

(Local Agency Name)

(Local Agency Address)

The Agency incurred the indebtedness listed below between: and

Days until current phase completion:

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

TOTAL AMOUNT OF REIMBRTSEMENT AGREEMENT:	\$
TOTAL PREVIOUSLY BILLED:	\$
TOTAL for CURRENT BILLING:	\$
Percentage of JAP/LAP FUNDS EXPENDED:	%
BALANCE on JPA/LAP AGREEMENT:	\$

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 complied 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

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Contractor

Date: