

EXHIBIT 5-F SAMPLE "STIP OR ATP PROJECT" STATE INVOICE
(Prepare on Letterhead of Local Agency)

Date of Invoice:

Department of Transportation
District Local Assistance

Billing Number: 1, 2....., or Final
 Invoice Number: Local Agency's Invoice Number
 Project Number: Prefix Project Number
 Tax Identification Number: Agency IRS ID Number
 Date Project Accepted by City/County: Final Date or "Ongoing" if not Final
 Project Location: Project Limits
 Expenditure Authorization or Advantage Project Number:

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

	Environmental Studies & Permits	PS&E	Right of Way Acquisition	Construction Including CE	Total
State Participating costs From					
To					
Total Indirect Costs to Date					
Total Direct Costs to Date					
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					
TOTAL INVOICE AMOUNT					

INDIRECT COST CALCULATION

Environmental Studies & Permits Indirect Costs:

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

Total Indirect Costs to Date for Environmental Studies & Permits _____ (this Amount is carried to the front of
 the invoice under the Environmental Studies & Permits column)

PS&E Indirect Costs:

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

Total Indirect Costs to Date for PS&E _____ (this Amount is carried to the front of the invoice under the Construction 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.

- 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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