

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] _____.

| | Preliminary Engineering | Construction Engineering | Right of Way Acquisition | Construction Contract | Total |
|--|--------------------------------|---------------------------------|---------------------------------|------------------------------|--------------|
| 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 | | | | | |
| TOTAL INVOICE AMOUNT | | | | | |

