

**EXHIBIT 5-E SAMPLE "STIP OR ATP PROJECT" FEDERAL INVOICE**

*(Prepare on Letterhead of Local Agency)*

Date of Invoice:

Name, District Local Assistance Engineer:

Department of Transportation:

District Local Assistance:

Street/P.O. Box:

City, CA, Zip Code:

Billing Number:

**1, 2,....., or Final**

Invoice Number:

**Local Agency's Invoice Number**

Federal-Aid Project Number:

**Prefix Project Number (Fed. Agreement #)**

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 Federal funds is claimed pursuant to Local Agency-State Agreement No. \_\_\_\_\_, Program Supplement No. \_\_\_\_\_, executed on date \_\_\_\_\_.

	<b>Environmental Studies &amp; Permits</b>	<b>PS&amp;E</b>	<b>Construction Engineering</b>	<b>Construction &amp; Non-Infrastructure</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>					

