STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

PROJECT PROGRESS PAYMENT INVOICE

DOR-0005 (REV. 2/93)

SHADED AREAS TO BE COMPLETED BY DEPT. OF TRANSPORTATION HEADQUARTERS ACCOUNTING OFFICE ONLY

SECTION I

CONTRACT NUMBER	E.A. NUMBER	SJ	FED. EXP. #		
PROJECT TITLE			INVOICE #		
NAME OF RECIPIENT			PROGRESS PAY		FINAL PAY
BUSINESS ADDRESS			PAYMENT PERIOD	TO	
			% IF LOCAL MATCH		
DISTRICT	TPDA	SHA	PRBF 108	CATIA 116	OTHER, PLEASE SPECIFY
SOURCE OF ALLOCATION	PTA				TCRP
ALLOCATION RESOLUTION NUMBER					
AMOUNT ALLOCATED					
REIMB. TO DATE					
BALANCE OF ALLOCATION	$0.00	$0.00	$0.00	$0.00	$0.00

SECTION II - *Cost Breakdown Required*					
1. Alternatives Analysis/Planning Study	$	$	$	$	$
2. Preliminary Engineering	$	$	$	$	$
3. Environmental Assessments	$	$	$	$	$
4. Final / Engineering Design	$	$	$	$	$
5. Construction / Project Managment	$	$	$	$	$
6. Materials and Equipment Acquisitions	$	$	$	$	$
7. Right of Way Acquisition	$	$	$	$	$
8. Rolling Stock Acquisition	$	$	$	$	$
9. **Total Expenses** Incurred: (1-8)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
10. **Max. Reimb.** Requested By This Voucher	$	$	$	$	$
11. Adjustments:	$	$	$	$	$
12. **NET AMOUNT DUE:**	$	$	$	$	$

I certify the charges for work billed are proper and that project progress is commensurate with cash disbursements being claimed on Line 10 above.

REPRESENTATIVE OF RECIPIENT'S SIGNATURE	DATE
PRINT NAME/TITLE	BUSINESS PHONE

I have reviewed the disbursements and the progress of work on the project specified above and recommend payment in the amount shown on Line 10 (If Line 12 is less than Line 10, the reduction will be documented by a letter).

CALTRANS DISTRICT REPRESENTATIVE SIGNATURE	DATE
PRINT NAME/TITLE	BUSINESS PHONE

MAIL INVOICE TO: California Department of Transportation
Division of Accounting - Office of Financial Controls
P.O. Box 942874
Sacramento, CA 94274-0001
Fax No.: (916) 327-4525

I certify that funds have been allocated for this project and that there is a sufficient balance in this allocation to cover the reimbursement in line No. 10/12.

DEPT. OF TRANSPORTATION H.Q. ACCOUNTING OFFICER SIGNATURE	DATE
PRINT NAME	BUSINESS PHONE

White - Division of Accounting **Yellow** - Division of Rail **Pink** - Local Agency **Goldenrod** - District Project Administrator

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