**SAMPLE INVOICE FOR EXCHANGE/MATCH PROGRAM**

**(ON AGENCY LETTERHEAD)**

Date of Invoice:

Billing No.: 1, 2, ... , or final

Local Agency's Invoice No.: Invoice No.

[Name, District Local Assistance Engineer]

California Department of Transportation

District Local Assistance

[Street Address or P.O. Box]

[City, CA Zip Code]

Attn: Local Assistance Engineer

Payment of State Match and/or State Exchange funds is claimed pursuant to Local Agency-State Agreement No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Match State Exchange Total

Total Amount Claimed \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Total of Previous Invoices \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Claimed This Request \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the amounts shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with the terms of the Agreement.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title