

EXHIBIT 5-G SAMPLE ALTERNATIVE PAYMENT PROCEDURE

(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
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 _____.

	Construction Engineering	Construction Contract	Total
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 (if applicable)			
Amount of this Claim			
TOTAL INVOICE AMOUNT			

ADJUSTMENT OF STATE FUNDS FOR ESTIMATED CONTRACT PAYMENTS

Total Expended Funds	
Less: Estimate Previously Invoiced for the month	
Difference (positive or negative amount)	
Plus: Estimate for next month	
TOTAL INVOICE AMOUNT	

