EXHIBIT 5-G SAMPLE ALTERNATIVE PAYMENT PROCEDURE

(Prepare on Letterhead of Local Agency)

Date of Invoice:

Department of Transportation District Local Assistance

Billing Number: Invoice Number: Federal-aid Project Number: Tax Identification Number: Date Project Accepted by City/County: Project Location: Expenditure Authorization or Advantage Project Number: 1, 2....., or Final Local Agency's Invoice Number Prefix Project Number (Fed. Agreement #) Agency IRS ID Number Final Date or "Ongoing" if not Final Project Limits

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			
То			
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	

INDIRECT COST CALCULATION

Construction Engineering Indirect Costs:

Direct Cost Base Expense	
Approved Indirect Cost Rate	
Subtotal****	

Total Indirect Costs to Date for Construction Engineering ______ (this Amount is carried to the front of the invoice under the Construction Engineering column)

I certify that the work covered by this invoice has been completed in accordance with approved plans and specifications; the costs shown in this invoice are true and correct; and the amount claimed, including retention as reflected above, is due and payable in accordance with the terms of the agreement.

Signature, Title and Unit of Local Agency Representative

For questions regarding this invoice, please contact:

Name

Phone No.

Phone No.

- * Total retention amount withheld from contractor. At the end of the project and after all retention has been released, this amount should be zero.
- ** Show "liquidated damages" amount on final invoice.
- *** Total must be rounded down to the lowest cent. Federal rules do not allow rounding up.
- Indirect cost for this project equals the direct cost base expense (i.e., direct salaries & wages plus fringe benefits) for this project multiplied by the approved indirect cost rate.
 - Indirect cost reimbursement will not apply to direct costs, i.e., payment of construction contracts and right of way purchases, not included in the direct cost base.
 - An indirect rate must be approved by Caltrans every fiscal year to be used for only those costs incurred for that year.

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