

**Exhibit 17-M (modified): Final Project Expenditure Report**  
**(For State-Only Funded Projects)**

Date:

Department of Transportation

Advantage ID:

FPN/LP2000 ID:

Attention:

PPNO:

Project Name:

Description/Location of Work:

Project Completion Date:

Administering Agency-State Master Agreement No.:

Program Supplemental Agreement No.:

State Funds Allocated:

Expenditure Incurred:

A.	Payment to Contractor (Attach final pay estimate)	
B.	Other Project Costs:	
	Preliminary Engineering	
	Construction Engineering	
	Any Additional Construction	
	Right of Way (Capital and Support)	
C.	Liquidated Damages	
D.	Outstanding Contractors Claims	
E.	Others (specify):	
<b>TOTAL EXPENDITURES</b>		

Sources and Amount of Additional Funds Used:

State Funds Allocated but Not Used:

**CERTIFICATION**

To the best of my knowledge and belief, the information in this report is a true and accurate record of project costs. The work was performed in accordance with the CalSTA approved scope and state funding for the project.

\_\_\_\_\_  
Local Agency's Person in Responsible Charge & Title

PROJECT VERIFICATION: This verification of completion also constitutes approval to pay costs shown in the Final Invoice included in the Report of Expenditures. I have reviewed the job site and found the project completed in accordance with the scope and description of the project authorization document.

\_\_\_\_\_  
District Local Assistance Engineer

\_\_\_\_\_  
Date