



2020 Program Call

# County Transportation Infrastructure Fund Grant Program County Invoicing Forms

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*April 27, 2020*

**County Transportation Infrastructure Fund Grant Program - 2020 Program Call**

**INVOICE**

Name of County \_\_\_\_\_

Date \_\_\_\_\_

Billing Period \_\_\_\_\_

Invoice # \_\_\_\_\_

Major Cost Function	Total Billed Including Current Billing Period (A) + (B)	Total Previously Billed Amount (A)	Current Billing Period Amount <sup>1</sup> (B)	Reimb. % <sup>2</sup> (C)	AMOUNT REQUESTED FOR REIMBURSEMENT (B) x (C)
Project Expenses					

**1** Invoices to be submitted monthly when charges occur. Submit between the 15<sup>th</sup> and 25<sup>th</sup> of the month for work performed during the previous month(s). Attach to this invoice, complete copies of all paid consultant or contractor invoices and/or force account documentation by project for all allowable work performed and for which reimbursement is requested. County shall retain all invoices and other project documentation for three years after receipt of final payment from TxDOT.

**2** "Economically disadvantaged counties" (as determined by Transportation Code 222.053) are eligible for 90% reimbursement of total allowable costs paid by county. All other counties are eligible for 80% reimbursement of total allowable costs paid by county.

**On behalf of the county, I hereby certify that the cost and expenses listed above as the Current Billing Period Amount represent work that has been performed in compliance with all terms and conditions of the contract and that all such costs and expenses have been paid, are eligible and allowable, and have not previously been reimbursed to the county.**

County Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_



**County Transportation Infrastructure Fund Grant Program - 2020 Program Call  
INDIVIDUAL PROJECT BILLING SUMMARY SHEET<sup>1</sup>**

Name of County \_\_\_\_\_

Date \_\_\_\_\_

Billing Period \_\_\_\_\_

Invoice # \_\_\_\_\_

Project ID No. (if any)	Project Name or Description	Total Billed including Current Billing Period (A) + (B)	Total Previously Billed Amount (A)	Current Billing Period Amount <sup>1</sup> (B)

**1** Use one Individual Project Billing Summary Sheet per individual project included on any invoice. Attach to this Individual Project Billing Summary Sheet, complete copies of all paid consultant or contractor invoices and/or force account documentation for the individual project for all allowable work performed and for which reimbursement is requested. When complete, attach this sheet and all backup documentation to the Project Billing Summary Sheet and insert the information entered above on a single line on the Project Billing Summary Sheet.