

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

**INVOICE**

Name of County XYZ County Date October 15, 2020  
 Billing Period Sept 1-Sept 28, 2020 Invoice # CTIF-1

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	\$ 143,552.16	\$ 0.00	\$ 143,552.16	80	\$ 114,841.73

**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 Tom Jones Date October 15, 2020  
 Printed Name Tom Jones Title County Judge



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

Name of County XYZ County Date October 15, 2020  
 Billing Period Sept 1- Sept 28, 2020 Invoice # CTIF-1

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	CR 100 from US 18 to CR 101	\$ 59,125.70	\$ 0.00	\$ 59,125.70

**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.



ABCD Construction Co.  
123 Contractor Way  
Somewhere, TX 77777  
Phone (800)555-1212

# INVOICE

Please send remittance with copy of invoice to  
P.O. Box 1111  
Somewhere, TX 77777

XYZ County	ABCD Construction Invoice No.	2020-1234
Purchasing Dept.	Invoice Date	2-Oct-20
1 East Main Street	Period Ending Date	28-Sep-20
County Seat, TX 78888		

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Project Name	County Road 100 Improvements
County Project No.	2020-001

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Contract Total Amount	\$	223,645.77
Total Earned To Date	\$	53,262.15
Less Previously Invoiced	\$	-

**Amount Due This Invoice**

**\$ 53,262.15**

Approved  
Jane Doe  
10/6/20

Remaining Contract Value	\$	170,383.62
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# PAID

10/7/20  
Check # 23114

COPY OF CONTRACTOR OR  
CONSULTANT INVOICE AND  
VERIFICATION IT HAS BEEN PAID  
NEED TO BE ATTACHED  
TO TXDOT SUBMITTAL.

ADDITIONAL BACK UP INFORMATION  
FROM CONTRACTOR OR CONSULTANT  
DOES NOT NEED TO BE  
SUBMITTED TO TXDOT.

County shall retain all original invoices, back up information,  
and other project documentation for three years after  
receipt of final payment from TxDOT.

# Engineers Inc.

456 Design Drive  
Someplace, TX 77777  
Phone (800)555-1212

# INVOICE

Please send remittance with copy of invoice to

P.O. Box 2222  
Someplace, TX 77777

XYZ County  
Purchasing Dept.  
1 East Main Street  
County Seat, TX 78888

Engineers Inc. Invoice No.  
Invoice Date  
Period Ending Date

10-2020 XYZ  
4-Oct-20  
28-Sep-20

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Project Name                      County Road 100 Improvements  
County Project No.                2020-001

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Contract Total Amount                      \$    20,000.00  
Total Earned To Date                        \$      4,027.66  
Less Previously Invoiced                    \$                    -

**Amount Due This Invoice**

**\$ 4,027.66**

*Approved  
Jane Doe  
10/6/20*

Remaining Contract Value                      \$    15,972.34

# PAID

*10/7/20*

*check # 23115*

COPY OF CONTRACTOR OR  
CONSULTANT INVOICE AND  
VERIFICATION IT HAS BEEN PAID  
NEED TO BE ATTACHED  
TO TXDOT SUBMITTAL.

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and other project documentation for three years after  
receipt of final payment from TxDOT.

# Testing Lab Corp.

789 Material Drive  
Someplace, TX 77777  
Phone (800)555-1212

# INVOICE

Please send remittance with copy of invoice to  
P.O. Box 3333  
Someplace, TX 77777

XYZ County  
Purchasing Dept.  
1 East Main Street  
County Seat, TX 78888

Testing Lab Corp. Invoice No.  
Invoice Date  
Period Ending Date

054-10-2020  
3-Oct-20  
28-Sep-20

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Project Name                      County Road 100 Improvements  
County Project No.              2020-001

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Contract Total Amount                      \$    12,000.00  
Total Earned To Date                        \$      1,835.89  
Less Previously Invoiced                    \$                    -

**Amount Due This Invoice**

**\$ 1,835.89**

*Approved  
Jane Doe  
10/6/20*

Remaining Contract Value                      \$    10,164.11

# PAID

*10/7/20  
Check # 23116*

COPY OF CONTRACTOR OR  
CONSULTANT INVOICE AND  
VERIFICATION IT HAS BEEN PAID  
NEED TO BE ATTACHED  
TO TXDOT SUBMITTAL.

ADDITIONAL BACK UP INFORMATION  
FROM CONTRACTOR OR CONSULTANT  
DOES NOT NEED TO BE  
SUBMITTED TO TXDOT.

County shall retain all original invoices, back up information,  
and other project documentation for three years after  
receipt of final payment from TxDOT.

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

Name of County XYZ County

Date October 15, 2020

Billing Period Sept 1- Sept 28, 2020

Invoice # CTIF-1

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)
2	CR1 from SH 27 to CR 2	\$ 54,347.12	\$ 0.00	\$ 54,347.12

**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.

# INDIVIDUAL PROJECT FORCE ACCOUNT SUMMARY

Name of County  
Project Name

XYZ County  
CR 1 from SH 27 to CR 2

Date  
Billing Period

8-Oct-20  
Sept 1 - Sept 28, 2020

Page No.	Force Account Item Description	Amount
1/1	Force Account Labor Summary	\$ 9,249.76
1/1	Force Account Equipment Summary	\$ 12,697.36
1/1	Force Account Materials Summary	\$ 32,400.00
<b>Total</b>		<b>\$ 54,347.12</b>

# XYZ County Force Account Labor Summary

Project Name  
Project Number

CR 1 from SH 27 to CR 2  
CTIF-02-255

Period Covered  
Page

Sept 1 - Sept 28, 2020  
1/1

Description of Work Performed

Base repair and 4" new material

Name	Job Title		Hours This Period	Hourly Rate	Benefit Rate/Hr.	Total Hourly Rate	AMOUNT
Employee A	Supervisor	Reg.	88	28.00	8.96	36.96	\$ 3,252.48
		O.T.				-	\$ -
Employee B	Equipment Operator II	Reg.	160	15.00	4.80	19.80	\$ 3,168.00
		O.T.	8	22.50	5.55	28.05	\$ 224.40
Employee C	Maintenance Tech	Reg.	160	11.50	3.68	15.18	\$ 2,428.80
		O.T.	8	17.75	4.26	22.01	\$ 176.08
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
<b>TOTAL</b>							\$ 9,249.76

I certify that the information above was obtained from payroll records or other documents that are available for audit.

Jane Doe  
Name

*Jane Doe*  
Signature

8-Oct-20  
Date

County Auditor  
Title

# XYZ County

## Force Account Equipment Summary

Project Name CR 1 from SH 27 to CR 2 Period Covered Sept 1 - Sept 28, 2020  
 Project Number CTIF-02-255 Page 1/1

Description of Work Performed Base repair and add 4" new material

Type of Equipment and ID#	Operator's Name	Hours This Period	Equipment Hourly Rate	AMOUNT
2005 Case 845 Grader (ID# XYZ-G05)	Employee B	160	63.81	\$ 10,209.60
2011 Flatbed Crew Truck - 4x2 Gasoline (ID# XYZ-T123)	Employee A	88	28.27	\$ 2,487.76
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL</b>				<b>\$ 12,697.36</b>

I certify that the information above was obtained from equipment usage records or other documents that are available for audit.

Jane Doe Jane Doe 8-Oct-20 County Auditor  
 Name Signature Date Title



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

Name of County XYZ County Date October 15, 2020  
 Billing Period Sept 1- Sept 28, 2020 Invoice # CTIF-1

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)
3	CR 27 from CR 11 to Dry Wash Rd.	\$ 30,079.34	\$ 0.00	\$ 30,079.34

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# INDIVIDUAL PROJECT FORCE ACCOUNT SUMMARY

Name of County  
Project Name

XYZ County  
CR 27 from CR 11 to Dry Wash

Date  
Billing Period

8-Oct-20  
Sept 1 - Sept 28, 2020

Page No.	Force Account Item Description	Amount
1/1	Force Account Labor Summary	\$ 4,598.88
1/1	Force Account Equipment Summary	\$ 7,480.46
1/1	Force Account Materials Summary	\$ 18,000.00
	<b>Total</b>	<b>\$ 30,079.34</b>

# XYZ County Force Account Labor Summary

Project Name  
Project Number

CR 27 from CR 11 to Dry Wash  
CTIF-02-255

Period Covered  
Page

Sept 1 - Sept 28, 2020  
1/1

Description of Work Performed

Base repair and 4" new material

Name	Job Title		Hours This Period	Hourly Rate	Benefit Rate/Hr.	Total Hourly Rate	AMOUNT
Employee A	Supervisor	Reg.	26	28.00	8.96	36.96	\$ 960.96
		O.T.				-	\$ -
Employee D	Equipment Operator II	Reg.	104	15.50	4.96	20.46	\$ 2,127.84
		O.T.				-	\$ -
Employee E	Maintenance Tech	Reg.	104	11.00	3.52	14.52	\$ 1,510.08
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
		Reg.				-	\$ -
		O.T.				-	\$ -
<b>TOTAL</b>							\$ 4,598.88

I certify that the information above was obtained from payroll records or other documents that are available for audit.

Jane Doe  
Name

*Jane Doe*  
Signature

8-Oct-20  
Date

County Auditor  
Title



