

**SAMPLE INVOICE FOR EXCHANGE/MATCH PROGRAM**  
**(ON AGENCY LETTERHEAD)**

Date of Invoice:

Billing No.: *1, 2, ... , or final*

Local Agency's Invoice No.: *Invoice No.*

Department of Transportation  
Accounting Service Center  
Local Programs Accounting Branch  
P.O. Box 942874  
Sacramento, CA 94272-0001

Attn: *Local Assistance Engineer*

Payment of State Match and/or State Exchange funds is claimed pursuant to Local Agency-State Agreement No. \_\_\_\_\_, Executed on \_\_\_\_\_

	<u>State Match</u>	<u>State Exchange</u>	<u>Total</u>
Total Amount Claimed	_____	_____	_____
Total of Previous Invoices	_____	_____	_____
Amount Claimed This Request	_____	_____	_____

I certify that the amounts shown in this invoice are true and correct; and the amount claimed is due and payable in accordance with the terms of the Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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