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: Reimbursement for Federal funds is claimed pursuant to Loca		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 1 Agency-State Agreement No. , Program		
Supplement No			, Flogram	
	Construction Engineering	Construction Contract	Total	
Federal Appropriations Code	Engineering			
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				
<u>ADJUSTMENT OI</u>	F STATE FUNDS FOR EST	TIMATED CONTRACT PAYMEN	<u>ΓS</u>	
Total Expended Funds				
Less: Estimate Previously Invoiced	for the month			
Difference (positive or negative amo	i e			
Plus: Estimate for next month				
TOTAL INVOICE AMOUNT				
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 invoice under the Construction Engineering	· · · · · · · · · · · · · · · · · · ·	(this A	mount is carried	to the front of the
I certify that the work covered by this invo the costs shown in this invoice are true and and payable in accordance with the terms of	l correct; and the amoun			
Signature, Title and Unit of Local Agency	Representative	Phone 1	No.	
For questions regarding this invoice, please	e contact:			
Name		Phone 1	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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