**INSTRUCTIONS: This form will be submitted in addition to the normal Seaport (Agency) invoice submission documentation.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Recipient Name:** | | **Address:** | | | | | | | | | | | |
| **City, State, Zip:** | | | | | | | | | | | |
|  |  |  | | | | |  | | |  | | | |
| **Bill To:** | **Invoice No.:** |  | | | | **FM Number:** | | | | |  | | |
| Florida Department of Transportation | **Invoice Period:** | to | | | | **FM Number:** | | | | |  | | |
|  | **Contract No.:** |  | | | | **Allowable Cost Incurred:** | | | | |  | | |
|  | **Amendment No.:** |  | | | | **FDOT Grant / Match Amount:** | | | | |  | | |
|  | **Project:** |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Project Phases** | **Total FDOT Grant Amount by Project Phase** | | | **Total Previous Amount Paid for FDOT Grant** | | | | **Current Invoice Amount Requested for FDOT Grant** | | | | **Remaining FDOT Grant Balance** | |
| Land Acquisition | $ | | | $ | | | | $ | | | | $ 0.00 | |
| Planning | $ | | | $ | | | | $ | | | | $ 0.00 | |
| Environmental/Design/Construction | $ | | | $ | | | | $ | | | | $ 0.00 | |
| Capital Equipment | $ | | | $ | | | | $ | | | | $ 0.00 | |
|  | $ | | | $ | | | | $ | | | | $ 0.00 | |
|  | $ | | | $ | | | | $ | | | | $ 0.00 | |
|  | $ | | | $ | | | | $ | | | | $ 0.00 | |
| **Totals:** | **$ 0.00** | | | **$ 0.00** | | | | **$ 0.00** | | | | **$ 0.00** | |
| *Note: The cost and amounts shown on this invoice form are reflective of the values shown in the Agreement, Exhibit “B”, Schedule of Financial Assistance.* | | | | | | | | | | | | | |
| **SEAPORT (AGENCY) OR DESIGNATED REPRESENTATIVE** | | | | | | | | | | | | | |
| I certify that the information provided above is true and correct per the terms of the Public Transportation Grant Agreement. | | | | | | | | | | | | | |
|  | | |  | |  | | | | | | | | |
| Seaport Representative Printed Name \* | | |  | | Title | | | | | | | | |
|  | | |  | |  | | | |  | | | |  |
|  | | |  | |  | | | | | | | | |
| Signature \* | | |  | | Date | | | | | | | | |
|  | | |  | |  | | | |  | | | |  |
| \* Only the Seaport or Designated Representative may sign this form. A non-Seaport employee (e.g., consultant) cannot sign this form. | | | | | | | | | | | | | |
|  |  |  | | | | |  | | |  | | | |
| For information regarding this invoice, please contact (Name, Phone No.): | | | | | | | | | | | | | |
|  |  |  | | | | |  | | |  | | | |
| Distribution: Project File |  |  | | | | |  | | |  | | | |