**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 |  |  |  |  |