



Kentucky Transportation Cabinet  
 Division of Right of Way & Utilities  
**UTILITY/RAIL AGREEMENT STATEMENT OF CHARGES**

TC 69-008  
 Rev. 9/2022  
 Page 1 of 2

**INSTRUCTIONS**

- Company shall **fully** complete this form.
- Submit this fully completed form, Company invoice and documentation of charges in **KURTS**.
- Final invoicing is to be submitted within 1 year of completion of work, per agreement and statute, to be considered for payment.
- Records of invoiced work are to be retained, as defined in the referenced agreement, and may be subject to audit.
- **If you do not have access to KURTS, MAIL TO:** Utilities: Highway Chief District Engineer ATTN: District Utility Agent  
 (find at: <http://transportation.ky.gov/district.htm>)  
 Rails: Rail Coordinator, KYTC, Division of Right of Way and Utilities, 200 Mero St., Frankfort, KY 40622

**GENERAL ROAD PROJECT INFORMATION** *(This section is as defined in the Agreement as executed)*

<b>Location / Description:</b>	<b>Fiscal:</b>
County <i>(if more than one, use page 2):</i>	Federal Number:
Route/Road Name:	State Number:
Project Description:	Item or DOT Number:

**COMPANY INFORMATION**

**Company Name:**  
**Company Contact Name:**  
**Company Address** *(as identified in the Agreement):*

**Remit to:**

*Same as agreement (replace if different)*

**Company Invoice Number** *(if applicable):* \_\_\_\_\_

**DATE INVOICED WORK BEGAN** *(not to precede State Letter date):* \_\_\_\_\_ **DATE INVOICED WORK COMPLETED:** \_\_\_\_\_

**INVOICING INFORMATION:**

PARTIAL	FINAL	BILL NO.
AMOUNT OF THIS BILL		
TOTAL AMOUNT OF PREVIOUS BILLS		
TOTAL BILLS TO DATE		

**Agreement Start Date:**  
**Agreement/DO Number:**  
**Statute/Agreement Type:**  
**Agreement/DO Amount:**  
**Change Order Total:**  
**TOTAL:**

**COMPANY CERTIFICATION**

I certify, to the extent applicable: the attached invoice is a true statement of costs incurred by our Company in constructing the most economical type of facilities in the new location as will satisfactorily meet the same service requirements as the old facilities in the old location on subject project; all materials for which we seek reimbursement adhere to federal Buy America provisions as required; and all costs listed are eligible for payment by KYTC.

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**FOR CABINET USE ONLY:**

_____	_____
<b>Checked:</b> District Utility Agent/Rail Coordinator	Date
_____	_____
<b>Recommended/Approved:</b> Chief District Engineer/ Utilities Branch Manager	Date
_____	_____
<b>Approved:</b> Director, Division of Right of Way & Utilities	Date



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**NOTE:** If the amount of this bill applies to more than one county the correct distribution **MUST** be shown on the following lines.

<b>COUNTY:</b>	<b>ACTUAL</b>	<b>PERCENTAGE</b>
	<b>AMOUNT:</b>	(if applicable):

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**\*\* This section is only needed if any information is entered on page 2 \*\***

**COMPANY VALIDATION:**

I accept the certification terms on page 1 in reference to the work performed as defined on page 1.

Signature:

Date: