



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

TC 69-008  
 Page 1 of 2  
 Rev. 11/2017

**INSTRUCTIONS**

- Company shall **fully** complete this form.
- Submit this fully completed form, Company invoice and documentation of charges in **triplicate**.
- 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.
- **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 & Utilities, 200 Mero St., Frankfort, KY 40622

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

**Location / Description:**

County *(if more than one, use page 2):* \_\_\_\_\_

Route/Road Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

**Fiscal:**

Federal Number *(if applicable):* \_\_\_\_\_

State Number: \_\_\_\_\_

Item or DOT Number: \_\_\_\_\_

**COMPANY INFORMATION**

**Company Name:** \_\_\_\_\_

**Company Contact Name:** \_\_\_\_\_

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

street address

address 2

city state zip

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

**Remit to:**

street address

address 2

city state zip

*check if same as Agreement*

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

**DATE INVOICED WORK COMPLETED:** \_\_\_\_\_

*(Enter all dates using m/d/yyyy format.)*

**INVOICING INFORMATION:**

**PARTIAL**  **FINAL**  **BILL NO.** \_\_\_\_\_

**AMOUNT OF THIS BILL** \$ \_\_\_\_\_

**TOTAL AMOUNT OF PREVIOUS BILLS** \$ \_\_\_\_\_

**TOTAL BILLS TO DATE** \$ 0.00

**Agreement Start Date :** \_\_\_\_\_

**Agreement Number:** ex: PO2 xxx xxxxxxxx/DO xxx xxxxxxxx

**Statute/Agreement Type:** KRS 177.035 Keep Cost

**Agreement/DO Amount:** \$ \_\_\_\_\_

**Change Orders:** #1 \$ \_\_\_\_\_

#2 \$ \_\_\_\_\_

*(For additional orders, use page 2.)* #3 \$ \_\_\_\_\_

**TOTAL FROM PG 2** \$ 0.00

**TOTAL:** \$ 0.00

**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: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR CABINET USE ONLY:**

\_\_\_\_\_  
**Checked:** District Utility Agent/Rail Coordinator \_\_\_\_\_ Date

\_\_\_\_\_  
**Recommended/Approved:** Chief District Engineer \_\_\_\_\_ Date  
 Utilities Branch Manager

\_\_\_\_\_  
**Approved:** Director, Division of Right of Way & Utilities \_\_\_\_\_ Date



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|                              |            |                      |
|------------------------------|------------|----------------------|
| <b>ADDT'L CHANGE ORDERS:</b> | <b>#4</b>  | \$ _____             |
|                              | <b>#5</b>  | \$ _____             |
|                              | <b>#6</b>  | \$ _____             |
|                              | <b>#7</b>  | \$ _____             |
|                              | <b>#8</b>  | \$ _____             |
|                              | <b>#9</b>  | \$ _____             |
|                              | <b>#10</b> | \$ _____             |
|                              | <b>#11</b> | \$ _____             |
|                              | <b>#12</b> | \$ _____             |
|                              | <b>#13</b> | \$ _____             |
|                              | <b>#14</b> | \$ _____             |
|                              | <b>#15</b> | \$ _____             |
| <b>TOTAL PAGE 2</b>          |            | <b><u>\$0.00</u></b> |

*(automatically transfers to page 1)*

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

| COUNTY: | ACTUAL<br>AMOUNT: | PERCENTAGE<br>(if applicable): |
|---------|-------------------|--------------------------------|
| _____   | \$ _____          | ____%                          |
| _____   | \$ _____          | ____%                          |
| _____   | \$ _____          | ____%                          |
| _____   | \$ _____          | ____%                          |
| _____   | \$ _____          | ____%                          |
| _____   | \$ _____          | ____%                          |
| _____   | \$ _____          | ____%                          |
| _____   | \$ _____          | ____%                          |

**\*\* 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.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

