|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KENTUCKY TRANSPORTATION CABINET  STATEMENT OF CHARGES  Chief District Engineer  Kentucky Transportation Cabinet  District # Street Address City, Kentucky Zip  C | | | | | | | | | | |
| Agency  Name: |  | | | | County: |  | | | | |
| Agency Contact and Address: |  | | | | Project Name: |  | | | | |
| Authorization No.: |  | | | | |
| Vendor No.: |  | | | | SYP Item No. |  | | | | |
| Agreement Amount: | | |  | | Current \_\_ Final \_\_\_ | | Bill No. \_\_\_\_\_\_\_\_ | | | |
| Supplemental: #1 | | |  | | Amount This Bill | |  | | | |
| #2 | | |  | |
| #3 | | |  | | Total Amount of Previous Bills Submitted | |  | | | |
| #4 | | |  | |
| #5 | | |  | | Total To Date | |  | | | |
| #6 | | |  | |
| #7 | | |  | | NOTE: If the amount of this bill applies to more than one county, the correct distribution MUST be shown on the following lines. (If one of the Project Numbers is NOT INVOLVED show same as $0.00) | | | | | |
| TOTAL | | |  | |
|  | | |  | | UPN | | AMOUNT | | | |
| Agency Work Order or Invoice Number | | |  | |  | |  | | | |
| Date Work Began | | |  | |  | |  | | | |
| Date Work Completed | | |  | |  | |  | | | |
| CERTIFICATION:  I certify that the attached invoice is a true statement of costs incurred by our agency related to this project and such costs are eligible for payment in accordance with the agreement entered into between our agency and the Kentucky Transportation Cabinet. | | | | | | | | | | |
| SIGNATURE: | |  | | | | DATE: |  | |  | |
|  | | |  | |  | |  | | | |
| FOR THE KENTUCKY  TRANSPORTATION CABINET | | | |  | | |  |  | |  | |
| Checked: Project Manager | | |  | Date | |  | |
|  | | |  |  | |  | |
| Approved: Transportation Engineer Branch Manager | | |  | Date | |  | |