

**KENTUCKY TRANSPORTATION CABINET**

**STATEMENT OF CHARGES**

Chief District Engineer  
 Kentucky Transportation Cabinet  
 District #  
 Street Address  
 City, Kentucky Zip

SC

Agency Name:		County:	
Agency Contact and Address:		Project Name:	
Vendor No.:		Authorization No.:	
		SYP Item No.	

Agreement Amount:		Current ___ Final ___	Bill No. _____
Supplemental: #1		Amount This Bill	
#2		Total Amount of Previous Bills Submitted	
#3		Total To Date	
#4			
#5			
#6			
#7			
<b>TOTAL</b>		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)	

	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