

Invoice - Administrative

To:TDOT Rail, and Freight Division

Agency:

Remit Address:

Program:

TDOT Project Number:

F&A Contract Number:

Invoice Number:

Invoice Date:

Contract Period:

State Match Percentage:90%

Contact Person:

Contact Phone #:

Line Item Category	Line No.	Line Item Detail	Unit	Unit Price	Total Budgeted Quantity	Total Budgeted Amount	Quantity Completed to Date	TOTAL Completed to Date	Quantity Previously Invoiced	TOTAL Previously Invoiced	Quantity Completed This Invoice	TOTAL This Invoice	Remaining Balance
admin	1					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	2					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	3					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	4					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	5					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	6					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	7					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	8					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	9					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	10					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	11					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	12					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	13					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	14					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	15					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	16					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	17					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	18					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	19					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
		Total Amount Requested				\$0.00		\$0.00		\$0.00		\$0.00	\$0.00

	Total This Invoice:	\$0.00
This request for reimbursement of expenses incurred under this State Project in the amount of:	State Portion:	\$0.00
	Local Portion:	\$0.00

Grantee Authorized Signature

Title

Date

Freight & Logistics Recommendation Payment Authorization

Title

Date

Invoice - Construction

To: **TDOT Rail, and Freight Division**
 Agency:
 Remit Address:
 Program:
 TDOT Project Number:
 F&A Contract Number:

Invoice Number:
 Invoice Date:
 Contract Period:
 State Match Percentage: **90%**
 Contact Person:
 Contact Phone #:

Line Item Category	Line No.	Line Item Detail	Unit	Unit Price	Total Budgeted Quantity	Total Budgeted Amount	Quantity Completed to Date	TOTAL Completed to Date	Quantity Previously Invoiced	TOTAL Previously Invoiced	Quantity Completed This Invoice	TOTAL This Invoice	Remaining Balance
Construction	1					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	2					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	3					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	4					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	5					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	6					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	7					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	8					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	9					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	10					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	11					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	12					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	13					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	14					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	15					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	16					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	17					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	18					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	19					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
		Total Amount Requested				\$0.00		\$0.00		\$0.00		\$0.00	\$0.00

<div style="border: 1px solid black; background-color: #fde9d9; padding: 5px;"> This request for reimbursement of expenses incurred under this State Project in the amount of: </div>		Total This Invoice:	\$0.00
		State Portion:	\$0.00
		Local Portion:	\$0.00

 Grantee Authorized Signature

 Title

 Date

 Freight & Logistics Recommendation Payment Authorization

 Title

 Date

Invoice - Preliminary Engineering

To: **TDOT Rail, and Freight Division**

Agency:

Remit Address:

Program:

TDOT Project Number:

F&A Contract Number:

Invoice Number:

Invoice Date:

Contract Period:

State Match Percentage: **90%**

Contact Person:

Contact Phone #:

Line Item Category	Line No.	Line Item Detail	Unit	Unit Price	Total Budgeted Quantity	Total Budgeted Amount	Quantity Completed to Date	TOTAL Completed to Date	Quantity Previously Invoiced	TOTAL Previously Invoiced	Quantity Completed This Invoice	TOTAL This Invoice	Remaining Balance
Prelim Eng	1					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	2					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	3					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	4					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	5					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	6					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	7					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	8					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	9					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	10					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	11					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	12					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	13					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	14					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	15					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	16					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	17					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	18					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
	19					\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00
Total Amount Requested						\$0.00		\$0.00		\$0.00		\$0.00	\$0.00

		Total This Invoice:	\$0.00
This request for reimbursement of expenses incurred under this State Project in the amount of:		State Portion:	\$0.00
		Local Portion:	\$0.00

Grantee Authorized Signature

Title

Date

Freight & Logistics Recommendation Payment Authorization

Title

Date