

Cost Breakdown Form for LPA Reimbursement

Agency Name:			
Control No.:		Project No.:	
Project Location:			
Agreement No.:		Expire Date:	
Invoice No.:		Invoice Date:	
Current Billing Period:		thru	
Agreement No:		Maximum Not-to-Exceed Amount	
Agreement amount thru supplement #			
Cost Split	%	Local Share (typically 20%)	
	%	Federal Share (typically 80%)	
		This Period	Previously Billed
		To Date	
Direct Labor			
Direct Costs (Non-Labor)			
Outside Services (<i>Subconsultants</i>):			
<u>Name</u>	<u>Max Amount</u>		
Adjustments:			
Description:			
100% Total Costs Incurred			
%	Local Share		
%	Total Amount Due		
By submitting this form electronically to State, LPA certifies submitted costs are actual and allowed by contract		Total Agreement Amount Remaining:	
Signature (typed or signed name required):		Title:	Date:
LPS's email contact for invoice-related questions:			