

Cost Breakdown Form

for LPA Reimbursement

Agency Name:						
Control No.:				Project No.:		
Project Location:						
Agreement No.:				Expire Date:		
Invoice No.:				Invoice Date:		
Current Billing Peri	od:		thru			
Agreement No:			Maximum Not-to-			
Agreement amount thru supplement #			000	Exceed Amount		
Cost Split			Local	Share (typically 20%)		
			Fe	ederal Share (typically 80%)		
*The amounts to be entered below should					Amount	
represent the 100% amounts			mounts	*This Period	Previously Billed	To Date
Direct Labor						
Direct Costs (Non-Labor)						
Outside Services (Subconsultants):						
Name Max Amount						
A allowators and a s						
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:		
			Title:			Date:
LPA's	s email contact for invoice	e-related qu	uestions:			