

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
COST REIMBURSABLE INVOICE

BILLING INFORMATION

TASK WORK ORDER INVOICE INFORMATION

University: _____
 Address: _____
 Address: _____
 City, State, Zip: _____
 Contact Person: _____
 Phone #: _____
 Email Address: _____
 Signature: _____

Date: _____
 Invoice #: _____
 Master University Agreement #: _____
 Task Work Order #: _____
 Corresponding Progress Report #: _____
 University Control #: _____

Project Title: _____

Current Invoice Period: From _____ To _____

ITEM	TOTAL WORK ORDER AMOUNT	AMOUNT THIS INVOICE	TOTAL BILLED TO DATE	AMOUNT REMAINING
SALARIES	_____	_____	_____	_____
% COMPLETE	_____	_____	_____	_____
INDIRECT COSTS	_____	_____	_____	_____
TOTAL LUMP SUM	_____	_____	_____	_____
<hr/>				
EQUIPMENT:	_____	_____	_____	_____
EXPENSES:	_____	_____	_____	_____
TUITION:	_____	_____	_____	_____
TRAVEL:	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
INDIRECT COSTS	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
COST REIMBURSABLE INVOICE

350-000-20
RESEARCH CENTER
05/08
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INVOICE DATE: _____

INVOICE #: _____

TASK WORK ORDER #: _____

DETAILS SUMMARY

BILLED THIS INVOICE

EQUIPMENT:
ITEMS

\$0.00

EXPENSES:

\$0.00

TUITION:
NAMES

\$0.00

TRAVEL:
NAMES

\$0.00

OTHER:
IDENTIFY

\$0.00