

ALABAMA DEPARTMENT OF TRANSPORTATION

Utilities Section

Statement of Charges

(Prepare 2 Copies and attach 1 to each of the 2 copies of your invoice)

(Supporting documentation is being kept on file at the agency)

Invoice Date: _____

Company Name: _____ Address: _____ _____ _____	Contact Person (Audit): _____ Telephone No. _____ FAX No. _____
Agreement Type: & Amount: _____ C.O. Sup. Agt. #1 _____ C.O. Sup. Agt. #2 _____ C.O. Sup. Agt. #3 _____ C.O. Sup. Agt. #4 _____ C.O. Sup. Agt. #5 _____ C.O. Sup. Agt. #6 _____ Total Agreements Amount: _____ Company Invoice/Work Order No: _____ Date Prelim. Eng. Began: _____ Date Construction Began: _____ Date Construction Completed: _____	Project Number: _____ County (ies): _____ Service Period Dates: _____ To: _____ Partial: _____ Final: _____ Estimate Number: _____ DOT Invoice Number: _____ Amount of this Invoice: _____ Previous Amount Paid: _____ Total Amount to Date: _____

CERTIFICATION
 We certify that the above bill is true and correct and that payment thereof has not been received.

_____	_____
Signature	Notary Public
_____	_____
Title	My Commission Expires
_____	_____
Date	Date

Notary Seal

FOR THE DEPARTMENT:

_____	_____	_____
Checked & Quantities Verified	Project Manager	Date
_____	_____	_____
Checked	Area Utilities Manager	Date
_____	_____	_____
Recommended for Payment	Region Engineer	Date
_____	_____	_____
Recommended for Payment	ROW Bureau Chief	Date
_____	_____	_____
Recommended for Payment	External Auditor	Date
_____	_____	_____
Approved for Payment	Chief External Auditor	Date

Attach separate sheets for additional comments.