APPENDIX J: EXAMPLE INVOICE

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BUSINESS OFFICE YOUR AGENCY'S NAME

City, State 00000-0000 Phone: (000) 000-0000

AASHTO Invoice No. M555555

 Attn: AASHTO TIG Program Manager
 Date
 12/28/06

 444 N. Capitol St. NW
 Customer No.
 XX00000000000

Suite 249

Washington, DC 20001

Lead States Team Name: Name of your team's technology here Complete this box when applicable

Comments: This is the first invoice submitted by the MDSS lead states team.

Name of Agency
Federal ID# 74-9999999

Request for Reimbursement is made as follows.

| Description Reimbursable expenses incurred to sponsor to prepare notebooks and participant materials for the first of 3 regional workshops included in Task 3 of the approved marketing plan. The workshop was held in Austin, Texas on November 17, 2006. | | Account 44444-44-A | Amount \$1,516.20 |
|---|------------|--------------------|----------------------|
| | | | |
| Supplies (describe): 200 Three-Ring Binders | 692.76 | | |
| 12 Reams White Paper | 71.24 | | |
| Other Services (describe): DOT Audio-Visual Rental Charge | 300.00 | | |
| Other (describe): | 0.00 | | |
| Other (describe): | 0.00 | | |
| Total Direct Cost | 1,064.00 | | |
| Optional Agency Indirect (Overhead) Percentage: 42.50% | | | |
| Total Indirect Cost | 452.20 | | |
| Total Amount Due | \$1,516.20 | | |
| | | | |
| | | | |
| | | Invoice Total | \$1.516.20 |

Invoice Total

Vendor ID# 77777777777

\$1,516.20

TERMS:

Payment in full due on receipt of invoice. Please return one copy of invoice with your payment and note invoice number on your remittance.

Make check payable to Your Agency Name Here.

Mail payment to:

Business Office Your Agency Name City, State 00000-0000