

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
COST REIMBURSABLE INVOICE

350-000-20
RESEARCH CENTER
05/08
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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	_____	_____	_____	_____
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TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

