**Note any type of reports or backup are not needed unless 1st billing or requested by local programs**

| Correct Form |  | Explanation/Exception/Verification |
| :---: | :---: | :---: |
| $\square$ | State Grant Form/Project |  |
| $\square$ | Federal Grant Form/Project |  |
| Agency \& P |  |  |
| $\square$ | Agency Name \& Address |  |
| $\square$ | Project number, Agreement number, Last Supplement, Project Title |  |
| Billing Perio |  |  |
| $\square$ | Labeled billing \#1 or consecutive to prior bill |  |
| $\square$ | Labeled as final bill or continuous |  |
| $\square$ | Billing period start date consecutive to prior bill's end date? (or explanation needed if not) |  |
| CN Award Da |  |  |
| $\square$ | PE expenditures are all before the Contract award date |  |
| $\square$ | RW expenditures are all before Contract award date (exceptions allowed see LAG manual) |  |
| $\square$ | CE (CE agency) after CN authorization before Contract award date (explanation required) |  |
| $\square$ | CN (Contract, consultant, etc.) must be after Contract award date |  |
| Expenditures |  |  |
| $\square$ | No negative amounts in column 9 |  |
|  | Explanation for any negative amounts in column 1 or column 5 |  |
| $\square$ | Amount Eligible Prior Periods (column 2) rolled over from prior bill's total eligible to date (column 3) |  |
| $\square$ | Amount Claimed Prior Periods (column 6) rolled over from prior bill's Total Claimed To Date (column 7) |  |
| $\square$ | Column 8 is federal share amount from LA agreement |  |
| $\square$ | Signed by Mayor or the authorized individual stated on the resolution/letter of delegation | Send updated authorization if position changes |
| First Billing |  |  |
| $\square$ | Correct state/federal form |  |
| $\square$ | Billing period start date is on/after authorization date |  |
| $\square$ | Backup documentation supporting eligible this period amount included |  |
| $\square$ | Resolution/letter for signature authority (for federally funded projects) |  |
| $\square$ | Report with equipments used, equipment rates, and certification of equipment rates |  |
| Final Billing |  |  |
| $\square$ | Final Project Summary included |  |

[^0]Revised 04/2022


[^0]:    DOT Form 140-020

