

# ALABAMA DEPARTMENT OF TRANSPORTATION

Utilities Section

## Statement of Charges

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

**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.\*\*\*