

RURAL TASK FORCE AND SMALL URBAN PROGRAM ASSISTANCE

Invoice #

PLANNING AGENCY NAME	STREET ADDRESS	CITY	STATE MI	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS			

TO: MICHIGAN DEPARTMENT OF TRANSPORTATION Program Manager: PO Box 30050 Lansing, MI 48909	Invoice Date: Billing Period: to Final? (Check one) Yes No
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Project Authorization No.:	
Job No.:	
Rural Task Force & Small Urban Program Assistance	
Labor	
Fringes	
Indirect/Administrative Costs	
Office Supplies	
Postage	
Equipment	
Hardware	
Software	
Travel Expenses	
Food	
Lodging	
Mileage	
Meeting Expense	
Local Agency Reimbursement	
Miscellaneous	
Sub-Consultant	
Total Requested Amount This Invoice:	

AGENCY APPROVAL	DATE
MDOT PROGRAM MANAGER	DATE
MDOT SUPERVISOR	DATE
CSD PAYMENTS	DATE

Planning Agency Name

Project Authorization No.:

RURAL TASK FORCE & SMALL URBAN PROGRAM (SPR) PROGRESS REPORT

Billing Period: to

Task I – Management of the Rural Task Force and Small Urban Program

Task II – RTF/Small Urban Public Involvement Consultation Process

Task III – Air Quality Conformity Planning

Additional Tasks