

# TRANSPORTATION PLANNING SERVICES

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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<b>Project Authorization No.:</b>	
<b>Transportation Planning Services</b>	
Labor	
Fringes	
Indirect/Administrative Costs	
Office Supplies	
Postage	
<b>Equipment</b>	
Hardware	
Software	
<b>Travel Expenses</b>	
Food	
Lodging	
Mileage	
Meeting Expense	
Local Agency Reimbursement	
Miscellaneous	
Sub-Consultant	
<b>Total Requested Amount This Invoice:</b>	

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



Planning Agency Name

Project Authorization No.:

**TRANSPORTATION PLANNING SERVICES (MTF) PROGRESS REPORT**

Billing Period: to

Task I – Program Management

Task II – Technical Assistance to MDOT

Task III – Technical Assistance to Member Agencies

Task IV – Public Involvement and Consultation for Non-Metropolitan Areas

Task V – Access Management

Task VI – Pure Michigan Byways Program – Administrative Only

Task VII – Non- Motorized Mapping and Investment Plan

Task VIII – Rural Safety Planning

Additional Tasks