

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 4: CHECKLIST

Local Agency Name: City of La Mirada

Billing No: 1 Federal / State Project No: HSIPL-5364(010)

	Frequency	Local Agency		Caltrans
		Confirm	N/A	Concur
1 Executed Program Supplement Agreement (PSA) on file with Local Agency.	All Invoices	<input checked="" type="checkbox"/>		
2 Submittal of one signed and completed Local Agency Invoice (LAPM 5-A) which includes Section 1: Invoice, Section 2: Indirect Cost Calculation, Section 3: Billing Summary (submit contractor pay estimate for construction invoices), and Section 4: Checklist.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
3 Reimbursable work claimed is after E-76 (Federal Authorization to Proceed) date and/or California Transportation Commission (CTC) State Allocation date.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
4 Work performed is prior to any lapsing / expiring funds. • Check E-76 Reversion Date (Federal) • Verify Cooperative Work Agreement Approval (Federal / State) • CTC State Allocation Letter Fund Expiration Deadline (State)	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
5 Invoice is consistent with current approved Finance Letter. • Phases of Work • Fund Types (e.g., CMAQ, RSTP, etc.) • Reimbursement Ratios • Available Balance of Federal / State Funds • Costs incurred prior to authorized Agreement End Date (AED)	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
6 Invoiced amount shall be greater than 2% of the total Federal and/or State funds or \$1,000, whichever is greater, unless authorized by District Local Assistance Engineer (DLAE) to prevent inactivity.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
7 Percentage of work complete is consistent with total Federal / State funds invoiced (i.e., project should not be 80% expended if only 20% complete).	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
8 Remaining balance should not be less than Caltrans required retention (\$40,000 or 2% of the Federal / State funds, whichever is greater).	All Invoices prior to Final Invoice	<input checked="" type="checkbox"/>		<input type="checkbox"/>
9A All consultant agreements / amendments must follow the Caltrans procurement and oversight processes outlined in Local Assistance Procedures Manual Chapter 10. The following Exhibits must be sent to and received by the appropriate entities <u>prior to invoicing</u> :	All Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibit 10-C to Division of Local Assistance HQ – Office of Guidance and Oversight	All First Consultant Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibits 10-O1 and 10-O2 to DLAE	First Federal Consultant Contracts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibit 10-K to Independent Office of Audits and Investigations	All Consultant Contracts > \$150K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9B • Submit copy of executed contract to the DLAE within 30 days of contract award or concurrently with first invoice, whichever is earlier.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• For on-call contracts, submit copy of issued task order and Exhibit 10-O2 for the task order.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Verification of Project Award: Attach LAPM Exhibit 15-L (Federal projects) or LAPG Exhibit 22-A (State projects) with First Construction Invoice.	First Construction Invoice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Submit contractor pay estimate with Billing Summary.	Construction Invoices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Signature of Local Agency Representative _____ Date 11/12/2014 _____ Mark Stowell, City Engineer
Print Name and Title

Signature of Caltrans District Reviewer _____ Date _____ Print Name/Title/Phone Number

Comments

Reset Form

Print Invoice

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

04/12/2019

SECTION 1: INVOICE

Local Agency Name City of La Mirada		Remittance Address 13810 La Mirada Blvd La Mirada, CA 90638			Tax ID 952091172	
Date 11/12/14	Caltrans District D7 Los Angeles	Federal/State Project No. HSIPL-5364(010)	Advantage Project ID 0714000068L-N	Invoice No. 1	Billing No. 1	Inactive Project <input type="checkbox"/>
Project Description Valley View Ave @ Adoree Street Traffic Signal Improvements.						
Fund Type(s): <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State		Authorized Phase(s): <input checked="" type="checkbox"/> PE <input type="checkbox"/> R/W <input type="checkbox"/> R/W Util <input type="checkbox"/> R/W Eng <input type="checkbox"/> R/W Acq <input type="checkbox"/> CE <input type="checkbox"/> CON <input type="checkbox"/> FA				

	Preliminary Engineering	Total
Federal Appropriation Code	MS30	
Participating Cost (E-76 Auth. Date) From:	11/13/13	
Participating Cost To:	05/31/14	
Total Indirect Cost to Date:	\$	\$ 0.00
Total Direct Cost to Date:	\$ 5,901.00	\$ 5,901.00
Total Cost to Date:	\$ 5,901.00	\$ 5,901.00
Less: Non-Participating Cost	\$	\$ 0.00
: Other	\$	\$ 0.00
: Other	\$	\$ 0.00
: Other	\$	\$ 0.00
Total Participating Cost to Date:	\$ 5,901.00	\$ 5,901.00
Less: Participating Cost not Reimbursed (Local Funds)	\$	\$ 0.00
Total Participating Costs:	\$ 5,901.00	\$ 5,901.00
Federal Reimbursement Ratio:	90%	
Reimbursable Amount to Date:	\$ 5,310.90	\$ 5,310.90
Less: Cumulative Amount Paid on All Previous Invoices	\$ 0.00	\$ 0.00
Reimbursable Participating Costs:	\$ 5,310.90	\$ 5,310.90
Less: State Withheld Retention	\$	\$ 0.00
: Amount Exceeding Authorized Fund	\$	\$ 0.00
: Other	\$	\$ 0.00
Amount of This Claim:	\$ 5,310.90	\$ 5,310.90
TOTAL INVOICE AMOUNT:		\$ 5,310.90

Refer to your Finance Letter

Authorized Federal Fund Amount	\$ 23,760.00	\$ 23,760.00
Less: Cumulative Amount Paid on All Previous Invoices	\$ 0.00	\$ 0.00
Funds Remaining Prior to this Claim	\$ 23,760.00	\$ 23,760.00

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 2: INDIRECT COST CALCULATION**Indirect Costs:**

Phase	FY	Office/Department	Direct Cost Base Expense	Approved Indirect Cost Rate	Subtotal
			\$	%	\$ 0.00

Phase	PE	E&P	PS&E	R/W	CE	NI
Total Indirect Costs to Date	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CERTIFICATION

By signing this invoice, all local agency signatories certify to the best of my/our knowledge and belief that the invoice is true, complete, and accurate. The expenditures, disbursement, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal/State award. I/we are aware of any false, fictitious, fraudulent information, or the omission of any material fact may subject me/us to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812). I/we certify that the costs claimed follow pertinent and applicable guidelines and all Federal/State regulations. All consultant and contractor agreements have been reviewed and approved in accordance with LAPM Chapter 10 Consultant Selection and Chapter 16 Administer Construction Contracts. I/we understand that Caltrans may review this invoice and support documentation for reasonableness at this time and that all invoices related documentation is subject to future detailed review by the Federal Highway Administration and/or Caltrans.

Signature of Local Agency Representative		Date
Mark Stowell		11/12/2014
Print Name	Title	
Mark Stowell	City Engineer	

For questions regarding this invoice, please contact:

Contact Name	Title	Phone Number	E-mail
Mark Stowell	City Engineer	(562) 902-2371	mstowell@cityoflamirada.org

Comments

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LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 3: BILLING SUMMARYFederal/State Project No. HSIPL-5364(010)**Preliminary Engineering**

Description (e.g., Staff Time, Consultants, etc.)	Work Performed (Dates)		Vendor Receipt Number (if applicable)	Total Direct Cost (for current invoice period only)	Less Non-Participating Cost	Total Cost
	From	To				
Staff Time	03/01/2014	04/30/2014		\$5,807.50		\$5,807.50
Consultants	04/01/2014	05/31/2014		\$93.50		\$93.50
				\$5,901.00	\$0.00	\$5,901.00
Total Participating Cost:						\$5,901.00

Note:
The Billing Summary must accompany all Local Agency invoices. It is broken down into seven sections. Only those sections of the Billing Summary that are applicable for the work for which reimbursement is being sought need to be completed. As a project proceeds and additional invoices are submitted, a subsequent Billing Summary will be updated for the new work performed. Expenditures prior to authorization are not eligible for reimbursement. Each line needs to be detailed enough to verify the accuracy of the charge. Consultant charges need to be itemized similar to the agency charges.

Comments

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 4: CHECKLISTLocal Agency Name: City of La MiradaBilling No: 2 Federal / State Project No: HSIPL-5364(010)

	Frequency	Local Agency		Caltrans
		Confirm	N/A	Concur
1 Executed Program Supplement Agreement (PSA) on file with Local Agency.	All Invoices	<input checked="" type="checkbox"/>		
2 Submittal of one signed and completed Local Agency Invoice (LAPM 5-A) which includes Section 1: Invoice, Section 2: Indirect Cost Calculation, Section 3: Billing Summary (submit contractor pay estimate for construction invoices), and Section 4: Checklist.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
3 Reimbursable work claimed is after E-76 (Federal Authorization to Proceed) date and/or California Transportation Commission (CTC) State Allocation date.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
4 Work performed is prior to any lapsing / expiring funds. <ul style="list-style-type: none"> Check E-76 Reversion Date (Federal) Verify Cooperative Work Agreement Approval (Federal / State) CTC State Allocation Letter Fund Expiration Deadline (State) 	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
5 Invoice is consistent with current approved Finance Letter. <ul style="list-style-type: none"> Phases of Work Fund Types (e.g., CMAQ, RSTP, etc.) Reimbursement Ratios Available Balance of Federal / State Funds Costs incurred prior to authorized Agreement End Date (AED) 	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
6 Invoiced amount shall be greater than 2% of the total Federal and/or State funds or \$1,000, whichever is greater, unless authorized by District Local Assistance Engineer (DLAE) to prevent inactivity.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
7 Percentage of work complete is consistent with total Federal / State funds invoiced (i.e., project should not be 80% expended if only 20% complete).	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
8 Remaining balance should not be less than Caltrans required retention (\$40,000 or 2% of the Federal / State funds, whichever is greater).	All Invoices prior to Final Invoice	<input checked="" type="checkbox"/>		<input type="checkbox"/>
9A All consultant agreements / amendments must follow the Caltrans procurement and oversight processes outlined in Local Assistance Procedures Manual Chapter 10. The following Exhibits must be sent to and received by the appropriate entities <u>prior to invoicing</u> :	All Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibit 10-C to Division of Local Assistance HQ – Office of Guidance and Oversight	All First Consultant Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibits 10-O1 and 10-O2 to DLAE	First Federal Consultant Contracts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibit 10-K to Independent Office of Audits and Investigations	All Consultant Contracts > \$150K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9B • Submit copy of executed contract to the DLAE within 30 days of contract award or concurrently with first invoice, whichever is earlier.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• For on-call contracts, submit copy of issued task order and Exhibit 10-O2 for the task order.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Verification of Project Award: Attach LAPM Exhibit 15-L (Federal projects) or LAPG Exhibit 22-A (State projects) with First Construction Invoice.	First Construction Invoice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Submit contractor pay estimate with Billing Summary.	Construction Invoices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Signature of Local Agency Representative

11/12/2015

Date

Mark Stowell, City Engineer

Print Name and Title

Signature of Caltrans District Reviewer

Date

Print Name/Title/Phone Number

Comments

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

04/12/2019

SECTION 1: INVOICE

Local Agency Name City of La Mirada		Remittance Address 13810 La Mirada Blvd La Mirada, CA 90638			Tax ID 952091172	
Date 11/12/15	Caltrans District D7 Los Angeles	Federal/State Project No. HSIPL-5364(010)	Advantage Project ID 0714000068L-N	Invoice No. 2	Billing No. 2	Inactive Project <input type="checkbox"/>
Project Description Valley View Ave @ Adoree Street Traffic Signal Improvements.						
Fund Type(s): <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State		Authorized Phase(s): <input checked="" type="checkbox"/> PE <input type="checkbox"/> R/W <input type="checkbox"/> R/W Util <input type="checkbox"/> R/W Eng <input type="checkbox"/> R/W Acq <input type="checkbox"/> CE <input type="checkbox"/> CON <input type="checkbox"/> FA				

	Preliminary Engineering	Total
Federal Appropriation Code	MS30	
Participating Cost (E-76 Auth. Date) From:	11/13/13	
Participating Cost To:	10/31/15	
Total Indirect Cost to Date:	\$	\$ 0.00
Total Direct Cost to Date:	\$ 21,206.25	\$ 21,206.25
Total Cost to Date:	\$ 21,206.25	\$ 21,206.25
Less: Non-Participating Cost	\$	\$ 0.00
: Other	\$	\$ 0.00
: Other	\$	\$ 0.00
: Other	\$	\$ 0.00
Total Participating Cost to Date:	\$ 21,206.25	\$ 21,206.25
Less: Participating Cost not Reimbursed (Local Funds)	\$	\$ 0.00
Total Participating Costs:	\$ 21,206.25	\$ 21,206.25
Federal Reimbursement Ratio:	90%	
Reimbursable Amount to Date:	\$ 19,085.62	\$ 19,085.62
Less: Cumulative Amount Paid on All Previous Invoices	\$ 5,310.90	\$ 5,310.90
Reimbursable Participating Costs:	\$ 13,774.72	\$ 13,774.72
Less: State Withheld Retention	\$	\$ 0.00
: Amount Exceeding Authorized Fund	\$	\$ 0.00
: Other	\$	\$ 0.00
Amount of This Claim:	\$ 13,774.72	\$ 13,774.72
TOTAL INVOICE AMOUNT:		\$ 13,774.72

Refer to your Finance Letter

Authorized Federal Fund Amount	\$ 23,760.00	\$ 23,760.00
Less: Cumulative Amount Paid on All Previous Invoices	\$ 5,310.90	\$ 5,310.90
Funds Remaining Prior to this Claim	\$ 18,449.10	\$ 18,449.10

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LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 2: INDIRECT COST CALCULATION**Indirect Costs:**

Phase	FY	Office/Department	Direct Cost Base Expense	Approved Indirect Cost Rate	Subtotal
			\$	%	\$ 0.00

Phase	PE	E&P	PS&E	R/W	CE	NI
Total Indirect Costs to Date	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CERTIFICATION

By signing this invoice, all local agency signatories certify to the best of my/our knowledge and belief that the invoice is true, complete, and accurate. The expenditures, disbursement, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal/State award. I/we are aware of any false, fictitious, fraudulent information, or the omission of any material fact may subject me/us to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812). I/we certify that the costs claimed follow pertinent and applicable guidelines and all Federal/State regulations. All consultant and contractor agreements have been reviewed and approved in accordance with LAPM Chapter 10 Consultant Selection and Chapter 16 Administer Construction Contracts. I/we understand that Caltrans may review this invoice and support documentation for reasonableness at this time and that all invoices related documentation is subject to future detailed review by the Federal Highway Administration and/or Caltrans.

Signature of Local Agency Representative	Date 11/12/2015
Print Name Mark Stowell	Title City Engineer

For questions regarding this invoice, please contact:

Contact Name Mark Stowell	Title City Engineer	Phone Number (562) 902-2371	E-mail mstowell@cityoflamirada.org
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Comments

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 3: BILLING SUMMARYFederal/State Project No. HSIPL-5364(010)**Preliminary Engineering**

Description (e.g., Staff Time, Consultants, etc.)	Work Performed (Dates)		Vendor Receipt Number (If applicable)	Total Direct Cost (for current invoice period only)	Less Non-Participating Cost	Total Cost
	From	To				
Staff Time	08/01/2014	06/30/2015		\$2,189.00		\$2,189.00
Consultants	03/01/2014	10/31/2015		\$13,116.25		\$13,116.25
				\$15,305.25	\$0.00	\$15,305.25
Total Participating Cost:						\$15,305.25

Note:
The Billing Summary must accompany all Local Agency invoices. It is broken down into seven sections. Only those sections of the Billing Summary that are applicable for the work for which reimbursement is being sought need to be completed. As a project proceeds and additional invoices are submitted, a subsequent Billing Summary will be updated for the new work performed. Expenditures prior to authorization are not eligible for reimbursement. Each line needs to be detailed enough to verify the accuracy of the charge. Consultant charges need to be itemized similar to the agency charges.

Comments

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 4: CHECKLISTLocal Agency Name: City of La MiradaBilling No: 3 Federal / State Project No: HSIPL-5364(010)

	Frequency	Local Agency		Caltrans
		Confirm	N/A	Concur
1 Executed Program Supplement Agreement (PSA) on file with Local Agency.	All Invoices	<input checked="" type="checkbox"/>		
2 Submittal of one signed and completed Local Agency Invoice (LAPM 5-A) which includes Section 1: Invoice, Section 2: Indirect Cost Calculation, Section 3: Billing Summary (submit contractor pay estimate for construction invoices), and Section 4: Checklist.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
3 Reimbursable work claimed is after E-76 (Federal Authorization to Proceed) date and/or California Transportation Commission (CTC) State Allocation date.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
4 Work performed is prior to any lapsing / expiring funds. <ul style="list-style-type: none"> Check E-76 Reversion Date (Federal) Verify Cooperative Work Agreement Approval (Federal / State) CTC State Allocation Letter Fund Expiration Deadline (State) 	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
5 Invoice is consistent with current approved Finance Letter. <ul style="list-style-type: none"> Phases of Work Fund Types (e.g., CMAQ, RSTP, etc.) Reimbursement Ratios Available Balance of Federal / State Funds Costs incurred prior to authorized Agreement End Date (AED) 	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
6 Invoiced amount shall be greater than 2% of the total Federal and/or State funds or \$1,000, whichever is greater, unless authorized by District Local Assistance Engineer (DLAE) to prevent inactivity.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
7 Percentage of work complete is consistent with total Federal / State funds invoiced (i.e., project should not be 80% expended if only 20% complete).	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
8 Remaining balance should not be less than Caltrans required retention (\$40,000 or 2% of the Federal / State funds, whichever is greater).	All Invoices prior to Final Invoice	<input checked="" type="checkbox"/>		<input type="checkbox"/>
9A All consultant agreements / amendments must follow the Caltrans procurement and oversight processes outlined in Local Assistance Procedures Manual Chapter 10. The following Exhibits must be sent to and received by the appropriate entities <u>prior to invoicing</u> :	All Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibit 10-C to Division of Local Assistance HQ – Office of Guidance and Oversight	All First Consultant Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibits 10-O1 and 10-O2 to DLAE	First Federal Consultant Contracts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibit 10-K to Independent Office of Audits and Investigations	All Consultant Contracts > \$150K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9B • Submit copy of executed contract to the DLAE within 30 days of contract award or concurrently with first invoice, whichever is earlier.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• For on-call contracts, submit copy of issued task order and Exhibit 10-O2 for the task order.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Verification of Project Award: Attach LAPM Exhibit 15-L (Federal projects) or LAPG Exhibit 22-A (State projects) with First Construction Invoice.	First Construction Invoice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Submit contractor pay estimate with Billing Summary.	Construction Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Local Agency Representative

11/24/2016

Date

Mark Stowell, City Engineer

Print Name and Title

Signature of Caltrans District Reviewer

Date

Print Name/Title/Phone Number

Comments

Reset Form

Print Invoice

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

04/12/2019

SECTION 1: INVOICE

Local Agency Name City of La Mirada		Remittance Address 13810 La Mirada Blvd La Mirada, CA 90638			Tax ID 952091172	
Date 11/24/16	Caltrans District D7 Los Angeles	Federal/State Project No. HSIPL-5364(010)	Advantage Project ID 0714000068L-N	Invoice No. 3	Billing No. 3	Inactive Project <input type="checkbox"/>

Project Description
Valley View Ave @ Adoree Street Traffic Signal Improvements.

Fund Type(s):	<input checked="" type="checkbox"/> Federal <input type="checkbox"/> State	Authorized Phase(s):	<input checked="" type="checkbox"/> PE <input type="checkbox"/> R/W <input type="checkbox"/> R/W Util <input type="checkbox"/> R/W Eng <input type="checkbox"/> R/W Acq	<input type="checkbox"/> R/W <input checked="" type="checkbox"/> CE <input checked="" type="checkbox"/> CON <input type="checkbox"/> FA
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	Preliminary Engineering	Construction Engineering	Construction	Total
Federal Appropriation Code	MS30	MS3E	MS3E	
Participating Cost (E-76 Auth. Date) From:	11/13/13	08/20/15	08/20/15	
Participating Cost To:	03/31/16	08/31/16	06/30/16	
Total Indirect Cost to Date:	\$	\$	\$	\$ 0.00
Total Direct Cost to Date:	\$ 26,666.51	\$ 45,469.58	\$ 169,369.63	\$ 241,505.72
Total Cost to Date:	\$ 26,666.51	\$ 45,469.58	\$ 169,369.63	\$ 241,505.72
Less: Non-Participating Cost	\$	\$	\$	\$ 0.00
: Other Retention	\$	\$	\$ 8,468.48	\$ 8,468.48
: Other	\$	\$	\$	\$ 0.00
: Other	\$	\$	\$	\$ 0.00
Total Participating Cost to Date:	\$ 26,666.51	\$ 45,469.58	\$ 160,901.15	\$ 233,037.24
Less: Participating Cost not Reimbursed (Local Funds)	\$ 266.51	\$	\$	\$ 266.51
Total Participating Costs:	\$ 26,400.00	\$ 45,469.58	\$ 160,901.15	\$ 232,770.73
Federal Reimbursement Ratio:	90%	90%	90%	
Reimbursable Amount to Date:	\$ 23,760.00	\$ 40,922.62	\$ 144,811.03	\$ 209,493.65
Less: Cumulative Amount Paid on All Previous Invoices	\$ 19,085.62	\$	\$	\$ 19,085.62
Reimbursable Participating Costs:	\$ 4,674.38	\$ 40,922.62	\$ 144,811.03	\$ 190,408.03
Less: State Withheld Retention	\$	\$	\$	\$ 0.00
: Amount Exceeding Authorized Fund	\$	\$	\$	\$ 0.00
: Other	\$	\$	\$	\$ 0.00
Amount of This Claim:	\$ 4,674.38	\$ 40,922.62	\$ 144,811.03	\$ 190,408.03
TOTAL INVOICE AMOUNT:				\$ 190,408.03

Refer to your Finance Letter

Authorized Federal Fund Amount	\$ 23,760.00	\$ 41,440.00	\$ 297,000.00	\$ 362,200.00
Less: Cumulative Amount Paid on All Previous Invoices	\$ 19,085.62	\$	\$	\$ 19,085.62
Funds Remaining Prior to this Claim	\$ 4,674.38	\$ 41,440.00	\$ 297,000.00	\$ 343,114.38

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 2: INDIRECT COST CALCULATION**Indirect Costs:**

Phase	FY	Office/Department	Direct Cost Base Expense	Approved Indirect Cost Rate	Subtotal
			\$	%	\$ 0.00

Phase	PE	E&P	PS&E	R/W	CE	NI
Total Indirect Costs to Date	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CERTIFICATION

By signing this invoice, all local agency signatories certify to the best of my/our knowledge and belief that the invoice is true, complete, and accurate. The expenditures, disbursement, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal/State award. I/we are aware of any false, fictitious, fraudulent information, or the omission of any material fact may subject me/us to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812). I/we certify that the costs claimed follow pertinent and applicable guidelines and all Federal/State regulations. All consultant and contractor agreements have been reviewed and approved in accordance with LAPM Chapter 10 Consultant Selection and Chapter 16 Administer Construction Contracts. I/we understand that Caltrans may review this invoice and support documentation for reasonableness at this time and that all invoices related documentation is subject to future detailed review by the Federal Highway Administration and/or Caltrans.

Signature of Local Agency Representative		Date
Mark Stowell		11/24/2016
Print Name	Title	
Mark Stowell	City Engineer	

For questions regarding this invoice, please contact:

Contact Name	Title	Phone Number	E-mail
Mark Stowell	City Engineer	(562) 902-2371	mstowell@cityoflamirada.org

Comments

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Reset Form

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 3: BILLING SUMMARY

Federal/State Project No. HSIPL-5364(010)

Preliminary Engineering						
Description (e.g., Staff Time, Consultants, etc.)	Work Performed (Dates)		Vendor Receipt Number (if applicable)	Total Direct Cost (for current invoice period only)	Less Non-Participating Cost	Total Cost
	From	To				
Staff Time	07/01/2015	03/31/2016		\$5,460.26		\$5,460.26
				\$5,460.26	\$0.00	\$5,460.26

Construction Engineering						
Description (e.g., Staff Time, Consultants, etc.)	Work Performed (Dates)		Vendor Receipt Number (if applicable)	Total Direct Cost (for current invoice period only)	Less Non-Participating Cost	Total Cost
	From	To				
Consultants	05/01/2016	08/26/2016		\$45,469.58		\$45,469.58
				\$45,469.58	\$0.00	\$45,469.58

Construction (Note: submit contractor pay estimate)						
Description (e.g., Contractor, Force Account, etc.)	Work Performed (Dates)		Vendor Receipt Number (if applicable)	Total Direct Cost (for current invoice period only)	Less Non-Participating Cost	Total Cost
	From	To				
Elecnor Belco Electric, Inc.	04/01/2016	06/30/2016		\$169,369.63		\$169,369.63
				\$169,369.63	\$0.00	\$169,369.63
Total Participating Cost:						\$220,299.47

Note:
 The Billing Summary must accompany all Local Agency invoices. It is broken down into seven sections. Only those sections of the Billing Summary that are applicable for the work for which reimbursement is being sought need to be completed. As a project proceeds and additional invoices are submitted, a subsequent Billing Summary will be updated for the new work performed. Expenditures prior to authorization are not eligible for reimbursement. Each line needs to be detailed enough to verify the accuracy of the charge. Consultant charges need to be itemized similar to the agency charges.

Comments

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 4: CHECKLIST

Local Agency Name: City of La Mirada
 Billing No: 4 & Final Federal / State Project No: HSIPL-5364(010)

	Frequency	Local Agency		Caltrans
		Confirm	N/A	Concur
1 Executed Program Supplement Agreement (PSA) on file with Local Agency.	All Invoices	<input checked="" type="checkbox"/>		
2 Submittal of one signed and completed Local Agency Invoice (LAPM 5-A) which includes Section 1: Invoice, Section 2: Indirect Cost Calculation, Section 3: Billing Summary (submit contractor pay estimate for construction invoices), and Section 4: Checklist.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
3 Reimbursable work claimed is after E-76 (Federal Authorization to Proceed) date and/or California Transportation Commission (CTC) State Allocation date.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
4 Work performed is prior to any lapsing / expiring funds. <ul style="list-style-type: none"> • Check E-76 Reversion Date (Federal) • Verify Cooperative Work Agreement Approval (Federal / State) • CTC State Allocation Letter Fund Expiration Deadline (State) 	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
5 Invoice is consistent with current approved Finance Letter. <ul style="list-style-type: none"> • Phases of Work • Fund Types (e.g., CMAQ, RSTP, etc.) • Reimbursement Ratios • Available Balance of Federal / State Funds • Costs incurred prior to authorized Agreement End Date (AED) 	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
6 Invoiced amount shall be greater than 2% of the total Federal and/or State funds or \$1,000, whichever is greater, unless authorized by District Local Assistance Engineer (DLAE) to prevent inactivity.	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
7 Percentage of work complete is consistent with total Federal / State funds invoiced (i.e., project should not be 80% expended if only 20% complete).	All Invoices	<input checked="" type="checkbox"/>		<input type="checkbox"/>
8 Remaining balance should not be less than Caltrans required retention (\$40,000 or 2% of the Federal / State funds, whichever is greater).	All Invoices prior to Final Invoice	<input checked="" type="checkbox"/>		<input type="checkbox"/>
9A All consultant agreements / amendments must follow the Caltrans procurement and oversight processes outlined in Local Assistance Procedures Manual Chapter 10. The following Exhibits must be sent to and received by the appropriate entities <u>prior to invoicing</u> : <ul style="list-style-type: none"> • Submit Exhibit 10-C to Division of Local Assistance HQ – Office of Guidance and Oversight • Submit Exhibits 10-O1 and 10-O2 to DLAE • Submit Exhibit 10-K to Independent Office of Audits and Investigations 	All Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All First Consultant Invoices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	First Federal Consultant Contracts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	All Consultant Contracts > \$150K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9B • Submit copy of executed contract to the DLAE within 30 days of contract award or concurrently with first invoice, whichever is earlier.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• For on-call contracts, submit copy of issued task order and Exhibit 10-O2 for the task order.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Verification of Project Award: Attach LAPM Exhibit 15-L (Federal projects) or LAPG Exhibit 22-A (State projects) with First Construction Invoice.	First Construction Invoice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Submit contractor pay estimate with Billing Summary.	Construction Invoices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Local Agency Representative _____ Date 11/13/2017 _____ Mark Stowell, City Engineer
 Print Name and Title

Signature of Caltrans District Reviewer _____ Date _____ _____
 Print Name/Title/Phone Number

Comments

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Print Invoice

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

04/12/2019

SECTION 1: INVOICE

Local Agency Name City of La Mirada		Remittance Address 13810 La Mirada Blvd La Mirada, CA 90638			Tax ID 952091172	
Date 11/13/17	Caltrans District D7 Los Angeles	Federal/State Project No. HSIPL-5364(010)	Advantage Project ID 0714000068L-N	Invoice No. 4 & Final	Billing No. 4 & Final	Inactive Project <input type="checkbox"/>

Project Description
Valley View Ave @ Adoree Street Traffic Signal Improvements.

Fund Type(s):	<input checked="" type="checkbox"/> Federal <input type="checkbox"/> State	Authorized Phase(s):	<input checked="" type="checkbox"/> PE <input type="checkbox"/> R/W <input type="checkbox"/> R/W Util <input type="checkbox"/> R/W Eng <input type="checkbox"/> R/W Acq	<input type="checkbox"/> R/W <input type="checkbox"/> R/W Util <input type="checkbox"/> R/W Eng <input type="checkbox"/> R/W Acq	<input checked="" type="checkbox"/> CE <input checked="" type="checkbox"/> CON <input type="checkbox"/> FA
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	Preliminary Engineering	Construction Engineering	Construction	Construction	Total
Federal Appropriation Code	MS30	MS3E	MS3E	ZS30	
Participating Cost (E-76 Auth. Date) From:	11/13/13	08/20/15	08/20/15	08/20/15	
Participating Cost To:	03/31/16	12/05/16	12/05/16	12/05/16	

Total Indirect Cost to Date:	\$	\$	\$	\$	\$ 0.00
Total Direct Cost to Date:	\$ 26,666.51	\$ 45,469.58	\$ 330,000.00	\$ 34,842.75	\$ 436,978.84
Total Cost to Date:	\$ 26,666.51	\$ 45,469.58	\$ 330,000.00	\$ 34,842.75	\$ 436,978.84
Less: Non-Participating Cost	\$	\$	\$	\$	\$ 0.00
: Other	\$	\$	\$	\$	\$ 0.00
: Other	\$	\$	\$	\$	\$ 0.00
: Other	\$	\$	\$	\$	\$ 0.00
Total Participating Cost to Date:	\$ 26,666.51	\$ 45,469.58	\$ 330,000.00	\$ 34,842.75	\$ 436,978.84
Less: Participating Cost not Reimbursed (Local Funds)	\$ 266.51	\$	\$	\$	\$ 266.51
Total Participating Costs:	\$ 26,400.00	\$ 45,469.58	\$ 330,000.00	\$ 34,842.75	\$ 436,712.33
Federal Reimbursement Ratio:	90%	90%	90%	90%	
Reimbursable Amount to Date:	\$ 23,760.00	\$ 40,922.62	\$ 297,000.00	\$ 31,358.47	\$ 393,041.09
Less: Cumulative Amount Paid on All Previous Invoices	\$ 23,760.00	\$ 40,922.62	\$ 144,811.03	\$	\$ 209,493.65
Reimbursable Participating Costs:	\$ 0.00	\$ 0.00	\$ 152,188.97	\$ 31,358.47	\$ 183,547.44
Less: State Withheld Retention	\$	\$	\$	\$	\$ 0.00
: Amount Exceeding Authorized Fund	\$	\$	\$	\$ 0.47	\$ 0.47
: Other	\$	\$	\$	\$	\$ 0.00
Amount of This Claim:	\$ 0.00	\$ 0.00	\$ 152,188.97	\$ 31,358.00	\$ 183,546.97
TOTAL INVOICE AMOUNT:					\$ 183,546.97

Refer to your Finance Letter

Authorized Federal Fund Amount	\$ 23,760.00	\$ 41,440.00	\$ 297,000.00	\$ 31,358.00	\$ 393,558.00
Less: Cumulative Amount Paid on All Previous Invoices	\$ 23,760.00	\$ 40,922.62	\$ 144,811.03	\$	\$ 209,493.65
Funds Remaining Prior to this Claim	\$ 0.00	\$ 517.38	\$ 152,188.97	\$ 31,358.00	\$ 184,064.35

ADA Notice

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LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 2: INDIRECT COST CALCULATION**Indirect Costs:**

Phase	FY	Office/Department	Direct Cost Base Expense	Approved Indirect Cost Rate	Subtotal
			\$	%	\$ 0.00

Phase	PE	E&P	PS&E	R/W	CE	NI
Total Indirect Costs to Date	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CERTIFICATION

By signing this invoice, all local agency signatories certify to the best of my/our knowledge and belief that the invoice is true, complete, and accurate. The expenditures, disbursement, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal/State award. I/we are aware of any false, fictitious, fraudulent information, or the omission of any material fact may subject me/us to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812). I/we certify that the costs claimed follow pertinent and applicable guidelines and all Federal/State regulations. All consultant and contractor agreements have been reviewed and approved in accordance with LAPM Chapter 10 Consultant Selection and Chapter 16 Administer Construction Contracts. I/we understand that Caltrans may review this invoice and support documentation for reasonableness at this time and that all invoices related documentation is subject to future detailed review by the Federal Highway Administration and/or Caltrans.

Signature of Local Agency Representative	Date 11/13/2017
Print Name Mark Stowell	Title City Engineer

For questions regarding this invoice, please contact:

Contact Name Mark Stowell	Title City Engineer	Phone Number (562) 902-2371	E-mail mstowell@cityoflamirada.org
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Comments

Reset Form

LOCAL AGENCY INVOICE

LAPM 5-A (REV 04/2019)

SECTION 3: BILLING SUMMARY

Federal/State Project No. HSIPL-5364(010)

Preliminary Engineering						
Description (e.g., Staff Time, Consultants, etc.)	Work Performed (Dates)		Vendor Receipt Number (if applicable)	Total Direct Cost (for current invoice period only)	Less Non-Participating Cost	Total Cost
	From	To				
						\$0.00
				\$0.00	\$0.00	\$0.00

Construction Engineering						
Description (e.g., Staff Time, Consultants, etc.)	Work Performed (Dates)		Vendor Receipt Number (if applicable)	Total Direct Cost (for current invoice period only)	Less Non-Participating Cost	Total Cost
	From	To				
						\$0.00
				\$0.00	\$0.00	\$0.00

Construction (Note: submit contractor pay estimate)						
Description (e.g., Contractor, Force Account, etc.)	Work Performed (Dates)		Vendor Receipt Number (if applicable)	Total Direct Cost (for current invoice period only)	Less Non-Participating Cost	Total Cost
	From	To				
Elecnor Belco Electric, Inc.	07/01/2016	12/05/2016		\$195,473.12		\$195,473.12
				\$195,473.12	\$0.00	\$195,473.12
Total Participating Cost:						\$195,473.12

Note:
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Comments