

El Dorado County Transportation Commission
 2828 Easy St. Suite 1
 Placerville, CA 95667

DISTRICT Use Only
 Date Received:

AGENCY INVOICE / REQUEST for REIMBURSEMENT (RFR) - FEDERAL

Agency Invoice #: FTA2425-3 MFTA: 74A1631 Fiscal Year: 2024/25

Period of Reimbursement: Start Date: 1/1/2025 End Date: 3/31/2025

I certify that I am a duly authorized representative of the above referenced Regional Transportation Planning Agency (RTPA) and the request for reimbursement is consistent with the terms of the Master Fund Transfer Agreement (MFTA) expiring December 31, 2034, entered into between the RTPA and the State of California, Department of Transportation. The reimbursement request is for eligible work completed in accordance with the above mentioned FY's approved Overall Work Program (OWP). **By signing this RFR, the RTPA certifies that all State and Federal matching requirements have been met.**

LOCAL AGENCY Use Only

Current Fiscal Year Reimbursement Breakdown. This portion must be completed by local agency to receive reimbursement.

Funding Source	Minimum Required Match %	Federal OWP/A Approved Amount	Federal Reimbursable Amount	Match Amount	Federal Amount Previously Invoiced	Federal Balance
FTA 5304	11.47%	\$ 178,198.17	\$ 34,672.22	\$ 6,836.48	\$ 69,467.48	\$ 74,058.47
FHWA SPR	20.00%					\$ -
Total Approved Amt per Amend #		\$ 178,198.17				
Current Invoice Amount			\$ 34,672.22	\$ 6,836.48	\$ 69,467.48	\$ 74,058.47

Woodrow Deloria, Executive Director
LOCAL AGENCY Name & Title (please print) _____

 Signature _____ Date 4/29/25

Caltrans DISTRICT Use Only

I certify that I am duly authorized by the Department of Transportation to approve payment to the RTPA. The RTPA has an approved Overall Work Program and the request for reimbursement is consistent with the Master Fund Transfer Agreement between the State of California, Department of Transportation and the RTPA. This authorization to pay acknowledges receipt of services billed.

_____ District Name & Title (please print) _____ Signature _____ Date _____

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Acct Line #	Amount:	Project ID#:	Encumbered Contract #:	RC

