

EL DORADO COUNTY TRANSPORTATION COMMISSION
2828 EASY ST, SUITE 1
Placerville, CA, 95667

DISTRICT Use Only
 Date Received:

AGENCY INVOICE / REQUEST for REIMBURSEMENT (RFR) - STATE

Agency Invoice #: RPA2526-1 MFTA: 74A1631 Fiscal Year: 2025/26
 Period of Reimbursement: Start Date: 7/1/2025 End Date: 9/30/2025

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 %	State OWP/A Approved Amount	State Reimbursable Amount	Match Amount	State Amount Previously Invoiced	State Balance
RPA	0.00%	\$ 466,500.00	\$ 114,382.92		\$ -	\$ 352,117.08
RPA 2024/25 Carryover	0.00%	\$ 13,529.11	\$ 7,267.84			\$ 6,261.27
RPA Grant	0.00%	\$ 13,396.73	\$ 2,916.37	\$ 1,198.74	\$ -	\$ 10,480.36
SHA	11.47%					\$ -
SB1 Competitive	11.47%					\$ -
SHA-Climate Adaptation	11.47%					\$ -
Current Invoice Amount		\$ 493,425.84	\$ 124,567.13	\$ 1,198.74	\$ -	\$ 368,858.77
Woodrow Deloria, Executive Director					10/27/25	
LOCAL AGENCY Name & Title (please print)		Signature			Date	

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

Caltrans HQs Use Only				
Acct Line #	Amount:	Project ID#:	Encumbered Contract #:	RC

