

2828 EASY ST, SUITE 1
Placerville, CA, 95667

AGENCY INVOICE / REQUEST for REIMBURSEMENT (RFR) - STATE

Agency Invoice #: **RPA2526-Q4**

MFTA: 74A1631

Fiscal Year: **2025/26**

Period of Reimbursement: **Start Date:** 4/1/2026

End Date: 6/30/2026

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	\$ 105,010.58		\$ 329,177.63	\$ 32,311.79
RPA 2024/25 Carryover	0.00%	\$ 13,529.11	\$ -		\$ 13,529.11	\$ -
RPA Grant	0.00%	\$ 13,396.73			\$ 13,396.73	\$ -
SHA	11.47%					\$ -
SB1 Competitive	11.47%					\$ -
SHA-Climate Adaptation	11.47%					\$ -
Current Invoice Amount		\$ 493,425.84	\$ 105,010.58	\$ 388,415.26	\$ 356,103.47	\$ 32,311.79

Woodrow Deloria, Executive Director

LOCAL AGENCY Name & Title (please print)

Worth Dr

Signature

8/4/2026

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

<u>Required Data</u>			
<u>Header & Invoice #</u>	Include the Agency name and Fiscal Year. Update the Invoice # with the numerical value that corresponds to the quarter seeking reimbursement for.	<u>5</u>	Current Fiscal Year Reimbursable Amounts for the Current Invoice.
<u>1</u>	Work Element Numbers from Approved OWP.	<u>6</u>	Carryover Reimbursable Amounts for the Current Invoice.
<u>2</u>	Work Element Titles from Approved OWP.	<u>7</u>	Remaining Balance for the RPA Work Elements. This field calculates automatically.
<u>3</u>	Work Element RPA Budget from Approved OWP financials or Amendments (Update when Work Elements or Budgets are amended).		
<u>4</u>	Previously invoiced amount(s) within the current Fiscal Year (does not include current RPA Amount Billed).		

