

AVIATION GRANT PROGRAM  
PROJECT INVOICE FORM

INSTRUCTIONS: This form will be submitted in addition to the normal sponsor invoice submission documentation.

<b>Recipient Name:</b> City of Avon Park	<b>Address:</b> 110 E. Main Street <b>City, State, Zip:</b> Avon Park, Florida 33825
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**Bill To:**Florida Department of Transportation  
Dawn Gallon  
P.O. Box 1249  
Bartow, FL 33831-1249

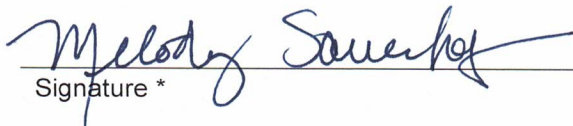
<b>Invoice No.:</b> 1 <b>Invoice Period:</b> 12/1/22 to 2/28/23 <b>Contract No.:</b> G2C70 <b>Amendment No.:</b>	<b>FM Number:</b> <b>FM Number:</b> <b>Allowable Cost Incurred:</b> <b>FDOT Grant / Match Amount:</b>
<b>Project:</b> 448711-1-94-01	

Project Phases	Total FDOT Grant Amount by Project Phase	Total Previous Amount Paid for FDOT Grant	Current Invoice Amount Requested for FDOT Grant	Remaining FDOT Grant Balance
Land Acquisition	\$	\$	\$	\$ 0.00
Planning	\$	\$	\$	\$ 0.00
Environmental/Design/Construction	\$267,374.00	\$0.00	\$37,657.24	\$229,716.76
Capital Equipment	\$	\$	\$	\$ 0.00
Match to Direct Federal Funding	\$	\$	\$	\$ 0.00
	\$	\$	\$	\$ 0.00
	\$	\$	\$	\$ 0.00
<b>Totals:</b>	<b>\$267,374.00</b>	<b>\$ 0.00</b>	<b>\$37,657.24</b>	<b>\$229,716.76</b>

Note: The cost and amounts shown on this invoice form are reflective of the values shown in the Agreement, Exhibit "B", Schedule of Financial Assistance.

## AIRPORT SPONSOR (AGENCY) OR DESIGNATED REPRESENTATIVE

I certify that the information provided above is true and correct per the terms of the Public Transportation Grant Agreement.

Melody Sauerhafer  
Airport Sponsor Representative Printed Name \*Finance Director  
Title  
Signature \*3/28/2023  
Date

\* Only the Airport Sponsor or Designated Representative may sign this form. A non-Airport Sponsor employee (e.g., consultant) cannot sign this form.

For information regarding this invoice, please contact (Name, Phone No.):

Distribution: Project File