TTFP Invoice Template

Transit Agency Name

Transit Agency Address

Phone:
Email:

INVOICE TO:

GEORGIA DEPT OF TRANSPORTATION
DIVISION OF INTERMODAL
600 WEST PEACHTREE STREET, N.W.
ATLANTA,GA 30308-2214
GDOT_TTFP@dot.ga.gov

REMIT TO:

Transit Agency Name
Transit Agency Address
Email:

DATE	PROJECT NUMBER	PURCHASE ORDER NUMBER			INVOICE NUMBER

LINE	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT
1	FYXXXX TTFP Funds	1	EACH		

TOTAL: $