# *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: $**

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