


This collection of information is Mandatory and will be used to reimburse State Departments of Transportation for costs incurred on Federal-aid projects. Public reporting burden is estimated to average 30 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0507. The expiration date for this OMB number is May. 31, 20XX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Michael Howell, Information Collection Clearance Officer, Federal Highway Administration, E64-433, 1200 New Jersey Avenue SE, Washington, DC, 20590.

 <b>VOUCHER FOR WORK PERFORMED UNDER PROVISIONS OF THE FEDERAL AID AND FEDERAL HIGHWAY ACTS, AS AMENDED</b>		STATE VOUCHER NO.			
		FHWA VOUCHER NO.			
APPROPRIATION		FHWA SCHEDULE NO.			
THE UNITED STATES, DR., TO <i>(Insert official or depository named in project agreement)</i>		PAID BY			
ADDRESS		<i>(For use of Paying Office)</i>			
STATE		VOUCHER TYPE <i>(Check Appropriate Block)</i>			
		<input type="checkbox"/> CURRENT BILLING			
VOUCHER PERIOD	FROM	<input type="checkbox"/> OTHER PROGRESS		FEDERAL AID PROJECT NO.	
	TO	<input type="checkbox"/> FINAL VOUCHER(*)			
<i>(*) Use Form FHWA-1447 for Final Voucher for a project constructed under certification acceptance or secondary road procedures (23 U.S.C. 117).</i>					
TOTAL ACTUAL COST	TOTAL PARTICIPATING COST	PRO-RATA OF PARTICIPATING COST CLAIMED FROM U.S.	TOTAL AMOUNT CLAIMED FROM U.S.	LESS PREVIOUS PAYMENTS	NET AMOUNT CLAIMED
<i>I certify that the cost shown in this voucher have been incurred in accordance with terms of project agreements; applicable State and Federal laws or regulations; and that no claim has previously been submitted for costs claimed.</i>					
STATE HIGHWAY AGENCY			DATE	SIGNATURE OF AUTHORIZED OFFICIAL	
<i>I certify that supporting records for costs claimed, and the referenced project (if applicable), have been subjected to required reviews, approvals and inspections by the Federal Highway Administration and that the amount approve is justly due.</i>					
AMOUNT SUBMITTED		_____ SIGNATURE OF FHWA REPRESENTATIVE  _____ DATE APPROVED			
ADJUSTMENTS					
AMOUNT APPROVED					

