

CITY OF FRANKLIN, TN
ROAD IMPACT FEE INVOICE

IMPACT FEE REIMBURSEMENT FORM 1-1
UPDATED: DECEMBER 1, 2017



Invoice Date:	<input type="text"/>	Final Invoice	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Invoice Period:	<input type="text"/> TO <input type="text"/>			
Developer Invoice #:	<input type="text"/>	Developer Name	<input type="text"/>	
COF Contract Number:	<input type="text"/>	Remit to Address	<input type="text"/>	
Project Name:	<input type="text"/>	Phone Number	<input type="text"/>	

	CURRENT COST	COST SHOWN ON PRIOR INVOICES	TOTAL COSTS
DEVELOPER COST			\$ -
COF APPROVED CONTRACT REIMBURSEMENT AMOUNT			
LESS: AMOUNTS PREVIOUSLY INVOICED			\$ -
TOTAL IMPACT FEES PAID BY THE DEVELOPMENT			
AMOUNT DUE THIS INVOICE			\$ -

I CERTIFY UNDER PENALTY OF LAW THAT THIS CERTIFICATION AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUTED INFORMATION PRESENTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. I HEREBY CERTIFY THAT THIS SUBMITTAL IS ACCURATE AND CORRECT. I AM AWARE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. I FURTHER ACKNOWLEDGE THAT FAILURE TO FOLLOW FEDERAL DIRECTIVES, GUIDELINES AND REGULATIONS WILL RESULT IN THE LOSS OF FUNDING.

OWNERS PROJECT SUPERVISOR	DATE
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FOR COF USE ONLY

I HEREBY ACKNOWLEDGE RECEIPT OF THE APPROPRIATE DOCUMENTATION FOR PAYMENT OF THIS ESTIMATE/INVOICE WHICH INCLUDES CERTIFICATIONS SIGNED BY THE DEVELOPER. BASED ON THE ATTACHED DOCUMENTATION AND IN ACCORDANCE WITH THE CITY ORDINANCE THIS INVOICE IS SUBMITTED FOR PAYMENT.

IMPACT FEE ADMINISTRATOR

DEPARTMENT DIRECTOR SIGNATURE FOR INVOICES OVER \$100,000

Vendor Name (MUST MATCH COF CONTRACT): _____

BOMA CONTRACT APPROVAL DATE: _____ Contract Amount _____

Account Number (GL) 1: _____ Amount _____

Account Number (GL) 2: _____ Amount _____

Account Number (GL) 3: _____ Amount _____

Account Number (GL) 4: _____ Amount _____

Account Number (GL) 5: _____ Amount _____

TOTAL (Must Match "AMOUNT DUE THIS INVOICE") _____

