Texas Department of Transportation
Form 132
(Rev. 9/90)
(GSD-EPC)
Page 1 of 1

BILLING STATEMENT

BILLING INSTRUCTIONS: To facilitate handling and prompt payment show the information in the spaces provided below. Submit three copies. Charges for freight or express, if any, must be supported by the prepaid freight or express bill. This statement cannot be processed for payment without a valid payee ID number.

Name of Payee: Wise County Title Company

Date: May 17, 2006

Address: P.O. Box 50

City & State: Decatur, Texas 76052

DELIVERY DATE: May 11, 2006

PAYEE ID NUMBER: 17612126305000

LINK	S W	INVOICE DATE	INVOICE NUMBER	FY	S	SOURCE UNIT	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
				06			Title Expense - Parcel 42 - Exchange	1	376.00	$376.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
							CASH DISCOUNT % DAYS			
									TOTAL	$376.00

IAC or MISC CONTRACT NO.:

TxDOT REQ. NO.: 601

PURCHASE ORDER NO.:

DATE:

CARD CODE 3 INFORMATION

LINK	SEQ	DIST OR DIV	SEG ID 26 / 09 10 / 70 THRU 79	DETAIL	AMOUNT	±	I S	DHT ITEM NO / EQUIPMENT NUMBER	TRADE-IN ALLOWANCE	TRADED EQUIP NO	MOD	MMIS Tracked Functions Only
				DETAIL	AMOUNT	±	MOD.	OBJ OF EXP	STGY	DHT ITEM NO / EQUIP NO		
				DETAIL	AMOUNT	±	FUNC		TASK/ WORK ORDER	COST CENTER / EQUIP NO / SFI / F I / STGY / HIGHWAY: CO, SYS, NUMBER, SUF, CL		
15 16 17	18 19 20	21 22	23 24	25 - 41	42 - 53	54	55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78					
		02	71	1760	$376.00		0 2 0 4 3 9					

REF. MARKER BEG	REF. MARKER END	AMT. OF WORK PERF.	WORK UNIT

Agency Verification/Audit has been performed, the services rendered and/or goods received, and the invoice(s) correctly corresponds with the authority under which procurement was made. The invoice(s) is (are) true and unpaid.

By John Smith

Date 5/17/06