

INVOICE

[Firm Name]
[Street Address]
[City, State, Zip]

Invoice No: _____
Date: _____
Project No: _____
Contract No: _____

CLIENT / AGENCY

[Agency Name]
[Department/Division]
[Contact Person]
[Address]

PROJECT DETAILS

Project Name: _____

Location: _____

Billing Period: _____

Task / Phase No.	Description of Services	Hours / Qty	Rate	Total
Subtotal Labor:				
Reimbursable Expenses & Sub-Consultants			Amount	
Direct Expenses (Travel, Printing, etc.)				
Sub-Consultant Fees				
Subtotal Expenses:				

Total Earned to Date: \$ _____
Less Previous Billings: (\$ _____)

Amount Due This Invoice: \$ _____

CERTIFICATION

I certify that the above services have been performed in accordance with the contract specifications and that no prior payment has been received for the items billed herein.

Authorized Signature & Title