

# Cost Breakdown Form

## for Actual Cost Plus Fixed Fee (CPFF) Agreements

Company Name:	
Control No.:	Project No.:
Project Location:	
Agreement No.:	Expire Date:
Invoice No.:	Invoice Date:
% Work Completed:	
Current Billing Period:	thru

AGR #	Direct Labor Costs	All Other Costs	Max Fixed Fee (Profit)	Total Contract Amount
Amount thru sup #				
	<b>Amount</b>			
	<b>This Period</b>	<b>Previously Billed</b>	<b>To Date</b>	
Direct Labor				
Overhead @ _____ of direct labor				
Fixed Fee @ _____ of labor+overhead				
FCCM @ _____ of direct labor				
Direct Costs (Non-Labor)				
Outside Services ( <i>Subconsultants</i> ):				
<u>Name</u> <u>Max Amount</u>				
Adjustments:				
Overhead				
fixed fee for profit				
FCCM				
Other:				
<b>Total Amount DUE &gt;&gt;</b>				

By submitting this form electronically to State, Consultant certifies submitted costs are actual and allowed by contract.		Total Agreement Amount Remaining:	
		Total Fixed Fee Remaining:	
Signature (typed or signed name required):	Title:	Date:	
Consultant's email contact for invoice-related questions: _____			