

Cost Breakdown Form

Specific Rates of Compensation (Fixed Labor) Agreements

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

Agreement No: Agreement amount thru supplement #	Maximum Not-to-Exceed Amount		
	Amount		
	This Period	Previously Billed	To Date
Direct Labor			
Direct Costs (Non-Labor)			
Outside Services (Subconsultants):			
<u>Name</u>	<u>Max Amount</u>		
Adjustments:			
Description:			
Total Amount DUE >>			

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