

Cost Breakdown Form

for Maximum Not-to-Exceed (MNT) 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	
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	Amount				
	This Period	Previously Billed	To Date		
Direct Labor					
Overhead @ _____ of direct labor					
Profit @ _____ of labor+overhead					
FCCM @ _____ of direct labor					
Other Labor (Fixed Billing Rates)					
Direct Costs (Non-Labor)					
Outside Services (<i>Subconsultants</i>):					
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Name</u></td> <td style="border: none;"><u>Max Amount</u></td> </tr> </table>	<u>Name</u>	<u>Max Amount</u>			
<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:	\$0.00
Signature (typed or signed name required):	Title:	Date:
Consultant's email contact for invoice-related questions: _____		