

# Cost Breakdown Form

## for Maximum Not-to-Exceed (MNTE) 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 #	<b>Maximum Not-to-Exceed Amount</b>	
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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> ):			
Name                      Max Amount			
Adjustments:			
Overhead			
Fixed Fee for profit			
FCCM			
Description:			

**Total Amount DUE >>**

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