

Cost Breakdown Form for Lump Sum 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 #	Lump Sum Amount		
	Amount		
	This Period	Previously Billed	To Date
Invoice Amount			
Adjustments:			
Description:			
Total Amount DUE >>			

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