

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:	Actual Labor Costs	Direct Non-labor Costs	Total Contract Amount
Agreement amount thru supplement #			\$0.00

	Billing Amount		
	This Period	Previously Billed	To Date
Direct Labor Costs			\$0.00
Direct Costs (Non-Labor)			\$0.00
Outside Services (Subconsultants):			
<u>Name</u>	<u>Max Amount</u>		
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00

Adjustments:			
Description:			\$0.00
Total Amount DUE >>		\$0.00	\$0.00
			\$0.00

By submitting this form electronically to State, Consultant certifies submitted costs are actual and allowed by contract		Total Agreement Amount Remaining:	\$0.00
Signature (typed or signed name required):	Title:	Date:	
Consultant's email contact for invoice-related questions:			