



# 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 #	Actual Labor Costs	Direct Non-labor Costs	Total Contract Amount
	Amount		
	This Period	Previously Billed	To Date
Direct Labor			
Direct Costs (Non-Labor)			
<b>Outside Services (Subconsultants):</b>			
<u>Name</u>	<u>Max Amount</u>		
<b>Adjustments:</b>			
Description:			
<b>Total Amount DUE &gt;&gt;</b>			

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:		