Exhibit B NDOT 162a RFP R221-23



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 #				
			Amount	
		This Period	Previously Billed	To Date
Direct Labor				
Direct Costs (Non-Labor)				
Outside Services (Subconsultants):				
Name Max 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:				

NDOT Form 162a, v18.0801 (print)