



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 #	Maximum Not-to-Exceed Amount			
	Amount			
	<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">This Period</th> <th style="width: 33%;">Previously Billed</th> <th style="width: 33%;">To Date</th> </tr> </table>	This Period	Previously Billed	To Date
This Period	Previously Billed	To Date		
Direct Labor				
Direct Costs (Non-Labor)				
Outside Services (<i>Subconsultants</i>):				
<table border="1" style="width: 100%;"> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Max Amount</th> </tr> </table>	Name	Max Amount		
Name	Max Amount			
Adjustments:				
Description:				
Total Amount DUE >>				

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