



Cost Breakdown Form

for Actual Cost Plus Fixed Fee (CPFF) 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:	Max Actual costs	Max Fixed Fee (Profit)	Total Contract Amount
Agreement amount thru supplement #			\$0.00
	Amount		
	This Period	Previously Billed	To Date
Direct Labor			
Overhead @ _____ of direct labor			
Fixed Fee @ _____ of labor+overhead			
FCCM @ _____ of direct labor			
Direct Costs (Non-Labor)			
Outside Services (<i>Subconsultants</i>):			
Name _____ Max Amount _____			
Adjustments:			
fixed fee for profit			
Other:			
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: Total Fixed Fee Remaining:
Signature (typed or signed name required):	Title: _____ Date: _____
Consultant's email contact for invoice-related questions: _____	