



# 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 #	<b>Maximum Not-to-Exceed Amount</b>																				
	<b>Amount</b>																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <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%; border-collapse: collapse;"> <tr> <th style="width:60%;">Name</th> <th style="width:40%;">Max Amount</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Name	Max Amount																			
Name	Max Amount																				
<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: <span style="float:right;">Date:</span>
Consultant's email contact for invoice-related questions:	