



Cost Breakdown Form

for Maximum Not-to-Exceed (MNTE) 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	
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	Amount		
	This Period	Previously Billed	To Date
Direct Labor			
Overhead @ _____ of direct labor			
Profit @ _____ of labor+overhead			
FCCM @ _____ of direct labor			
Other Labor (Fixed Billing Rates)			
Direct Costs (Non-Labor)			
Outside Services (<i>Subconsultants</i>):			
<u>Name</u> <u>Max Amount</u>			
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:	\$0.00
Signature (typed or signed name required):	Title:	Date:
Consultant's email contact for invoice-related questions: _____		