



Cost Breakdown Form for Lump Sum 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 # 000	Lump Sum Amount		
	Amount		
	This Period	Previously Billed	To Date
Invoice Amount			\$0.00
Adjustments:			
Description:			\$0.00
Total Amount DUE >>	\$0.00	\$0.00	\$0.00

<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: _____		