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| Section 1: Project Information | | |
| Consultant Information | | |
| Consultant Contact Name: | |  |
| Address 1: | |  |
| Address 2: | |  |
| City, State, Zip: | |  |
| Phone Number: | |  |
| Contact Email: | |  |
| Consultant Project No.: | |  |
| Project Information | | |
| Project Description: | |  |
| Project County: | |  |
| Engineering Services Contract Information | | |
| ESC Execution Date: |  | |
| ESC Completion Date for PE Work Only: |  | |
| Original ESC Contract Amount: |  | |
| Supplemental No.\_1\_ Amount: |  | |
| Supplemental No.\_\_ Amount: |  | |
| Supplemental No.\_\_ Amount: |  | |
| Maximum Amount for ESC: |  | |

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| **Section 2: Billing Summary**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Total Direct Salaries (see Section 3) | |  |  | |  | | Overhead | |  |  | |  | |  | | | ***Subtotal 1*** | |  | |  | |  |  | |  | | Total Fixed Fee in Contract | |  |  | |  | | Total Fixed Fee for this billing period | |  |  | |  | | Total Fixed Fee Billed to Date (including this period) | |  |  | |  | |  | | | ***Subtotal 2*** | |  | |  | |  |  | |  | | Total Direct Costs (see Section 3) | |  |  | |  | |  | | | ***Subtotal 3*** | |  | | Total for this invoice | | | | |  | | Less non-participating costs | | | | |  | | **TOTAL to be paid for this invoice** | | | | |  | | Previously Total Invoiced Amount |  | | |  | | | Total Paid to Date |  | | |  | | |

**Section 3: Project Cost Breakdown**

**DIRECT SALARIES (Prime Consultant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Task Description/Employee/Employee job Title  or Category | HOURS | RATE | AMOUNT |
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|  |  |  |  |
|  | Total Direct Salaries  Due this Invoice | |  |

**Section 3: Project Cost Breakdown**

**DIRECT COSTS-Sub-consultants & Other direct costs**

|  |  |  |
| --- | --- | --- |
| Task Description/Sub-consultant firm name (\*\*Denotes DBE Sub) | AMOUNT | |
| SUB-CONSULTANT DIRECT COSTS |  | |
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|  | Total Direct costs due this Invoice |  |

**Section 4: Progress Report - % Complete & DBE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Total Costs (includes Salaries, Sub-consultants & Direct Costs)** | | |  |
| **Task** | **Total Budgeted** | **Total Paid to Date** | **Percent Expended (Budgeted/Expended)** | **Estimate % Task Complete (Deliverables)** |
|  |  |  |  |  |
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|  |  |  |  |  |
| TOTAL |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DBE Verification – Summary To Date** | | | |
| **DBE Goal =**  **Consultant Contract Total =**  **DBE Target $ Amount =** | | | |
| **DBE Sub-Consultant** | **Subcontract Amount** | **Total $ Paid to Date** | **Overall DBE % Met to Date** |
|  |  |  |  |
|  |  |  |  |
| Total DBE Contract $ |  |  |  |
| Total $ Billed to Date | |  |  |
| Overall DBE % Met To Date =  Total $ Billed to Date/DBE Target $ Amount | | |  |
|  |  |  |  |
|  |  |  |  |

**Section 4: Progress Report – Narrative**