|  |
| --- |
| 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)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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**