

1

**BUREAU OF AERONAUTICS**

**Consultant ARCHITECTURAL Contract Invoice**

|  |  |
| --- | --- |
| A. Consultant Name and Address | B. Consultant Invoice Number and Date |
|  | C. Time Period Covered by this Invoice |
| D. Department of Transportation  Bureau of Aeronautics  Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contract Amount  Actual Costs  Lump Sum (Maximum)  Original \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Amendment 1 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Amendment 2 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Total \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Total Contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E. Airport Name |
| F. BOA Project Number |  |
| G. AIP/State Aid Number |  |

1. Lump Sum Contract Items

Lump Sum Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Earned to Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Previously Invoiced \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Payment Received to Date \_\_\_\_\_\_\_\_\_\_\_\_)

SUBTOTAL - Lump Sum Amount due this Invoice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Actual Cost Contract Items

Cost of Work Completed to Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Previously Invoiced \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Payment Received to Date \_\_\_\_\_\_\_\_\_\_\_\_)

SUBTOTAL - Actual Costs Amount due this Invoice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. AMOUNT DUE THIS INVOICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSULTANT CERTIFICATION**. I certify that to the best of my knowledge the work as listed above has been completed, represents no duplication of payments, and any and all costs are in compliance with the contract items.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**FOR OFFICE USE ONLY**

|  |
| --- |
| **Order #:** |
| **Supplier #:** |
| **Project ID:** |
| **Account (LN):** |
| **Activity:** |
| **Total:** |
| **Authorized by & Date:** |

**BUREAU APPROVAL**. This invoice has been reviewed for accuracy and compliance and is approved for payment. Note any exceptions.

 Partial Payment Date Invoice Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Final Payment

Amount Approved for Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name 610adev.docx/ r.03/15/2022

**ATTACHMENT A**

**Architectural Contract**

|  |  |
| --- | --- |
| Consultant Name and Address | Airport Name |
|  | Project ID |
|  | Contract Date |
|  | Consultant Invoice Number and Date |

Time Period Covered by this Invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. LUMP SUM CONTRACT ITEMS**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | LUMP SUM AMOUNT | PERCENT COMPLETE | TOTAL TO DATE |
| Preliminary Work |  |  |  |
| Design Work |  |  |  |
| Construction Supervision/Project Closeout Work |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total Lump Sum to Date |  |
|  |  | Less: Previously Invoiced Amount |  |
|  | SUBTOTAL LUMP SUM AMOUNT DUE THIS INVOICE | |  |

**2. ACTUAL COST CONTRACT ITEMS**

Time Period Covered by this Invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Wages (Position or Employee) Hourly Rate Hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Actual Wages: Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Overhead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overhead Actual Wages

Other Direct Costs: Mileage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nights \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subcontracts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period

Amount of Direct Cost this Invoice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fixed Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Percent

Less: Previous Fixed Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Fixed Fee this Invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent = Actual Wages to Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Total Wages

|  |  |  |
| --- | --- | --- |
|  | TOTAL ACTUAL COST AMOUNT DUE THIS INVOICE |  |

610adev.docx/ r. 03/15/2022