[COMPANY NAME / LETTERHEAD]

REMIT TO:

Phone:
Fax:
E-mail:

BILL TO:

PO No.:
Invoice No.:
Invoice Date:
Vendor Project No.:
District Project No.:

Project Manager:
School & Project Names:
Project Number:

Professional Services from _____ to _____

BILLING PHASES	FEE	PERCENT COMPLETE	EARNED	PREVIOUS FEE BILLING	CURRENT FEE BILLING

Total Fee: **Total Amount Billed This Period**

REIMBURSABLES	REIMB.	PERCENT COMPLETE	EARNED	PREVIOUS REIMB. BILLING	CURRENT REIMB. BILLING
Original Contract Value					
Addendum 1					
Addendum 2					

Total Reimbursables: **Total Amount Billed This Period**

Professional Title/Description	Period Start	Period End	Hours	Rate	Amount

Company Principal: _____ _____ _____
Print Name **Signature** **Date**

APPROVALS:

_____ _____ _____
Print Name **Signature** **Date**
CCM/MAAS Program Manager

Deputy Superintendent of Administrative Serices: _____ _____ _____
Print Name **Signature** **Date**

PROCESSING:

CCM/MAAS Finance Manager: _____ _____ _____
Print Name **Signature** **Date**

CCM/MAAS Deputy Program Manager: _____ _____ _____
Print Name **Signature** **Date**

CCM/MAAS Construction Manager: _____ _____ _____
Print Name **Signature** **Date**