

INVOICE NO. _____

NEVADA DEPARTMENT OF TRANSPORTATION
CONSULTANT SERVICES
CONSULTANT MONTHLY INVOICE AND PROGRESS REPORT

BILLING PERIOD: FROM _____	TO _____
CONTRACT NO. _____	PROJECT TERMINATION DATE _____
PROJECT ID NO.(S) _____	AGREEMENT NO. _____
_____	AMOUNT OF AGREEMENT \$ _____
PROJECT NO.(S) _____	AMOUNT OF SUBCONTRACTS \$ _____
_____	SUBCONTRACTS PAID TO DATE TOTAL \$ _____
PROJECT NAME _____	_____
FEDERAL TAX ID NO. _____	TASK ORDER NO.(S) _____
FIRM NAME _____	AMOUNT OF TASK ORDER \$ _____
REMIT TO ADDRESS _____	TOTAL AMOUNT INVOICED THIS PERIOD \$ _____
_____	_____
_____	BALANCE REMAINING \$ _____
_____	\$ INVOICED TO DATE _____
PHONE NO. _____	% OF PROJECT COMPLETED TO DATE _____
FAX NO. _____	LIQUIDATED DAMAGES START DATES _____
CONTACT PERSON _____	FINAL INVOICE: YES <input type="checkbox"/> NO <input type="checkbox"/>
PHYSICAL ADDRESS _____	DBE GOAL _____
_____	% DBE TO DATE _____
_____	_____

TARGET MILESTONE DATES

30% SUBMITTAL _____	60% SUBMITTAL _____
90% SUBMITTAL _____	100% SUBMITTAL _____
OTHER _____	OTHER _____

SUMMARY OF WORK PERFORMED THIS INVOICE
(ATTACH ADDITIONAL SHEETS IF NECESSARY)

SUBMITTED BY: _____
Signature of Consultant _____ Print Name _____ DATE _____

APPROVED: _____
NDOT Project Manager _____ Print Name _____ DATE _____

NDOT CODING:
Org: _____ Appro.: _____ Activity _____ Object: _____ Job/Project: _____