

SAMPLE INVOICE

(Regardless of the Consultant's Invoice formatting, all of the contents identified in this sample must be incorporated into the Consultant's Invoice)

ABC Company | 1234 Main Street, Suite 100 | City, WA 98000 |
P 206.555.5555 | F 206.555.5550 | abcco.com 1

March 19, 20XX 2

King County Housing Authority 3
Capital Construction Department
700 Andover Park West, Suite C
Seattle, WA 98188
Attn: Admin

Invoice No: 1234.02 4
Period To: September 30, 20XX 5
Contract No: KI1234565 6
Contract Amount: \$74,981 7
Project Site Name: KCHA - Project Site Name 8
Consultant Contact: John Doe 9

Professional Personnel & Task Numbers 10 (Refer to SOV for details) 11

	Hours	Rate	Amount
Principal			
John - Task 1 SD (Meet w/ KCHA)	1.00	200.00	200.00
- Task 1 SD (Finalize SD)	3.00	200.00	600.00
- Task 2 DD (Refine drawings)	0.50	200.00	100.00
- Task 2 (Provide VE)	0.50	200.00	100.00
Sub-Total	5.00	800.00	1,000.00
Associate			
Jane - Task 3 (Complete Permit)	2.00	125.00	250.00
- Task 3 (Finalize CD)	5.00	125.00	625.00
- Task 4 (Attend Pre-bid)	1.00	125.00	125.00
- Task 4 (RFI 1-17)	8.75	125.00	1,093.75
Sub-Total	16.75	500.00	2,093.75
TOTAL			3,093.75

Sub-Consultant Expenses 12

	Units	Rate	Amount
Sub-Consultant (Markup not to exceed 10%) 123 Company - Task 4	1,250.00	1.10	1,375.00

(copies of the sub-consultant(s) invoices MUST accompany the invoice)

Reimbursable Unit Expenses 13

	Units	Rate	Amount
IRS Mileage (1 Mi. = 1 Unit @ .0575/Mile [20XX rates]) 09-10-XX - Jane Site Visit YY.Y Miles (round trip)	72.00	0.575	41.40
Printing and Color Photos	20.00	1.10	22.00
Sub-Total	92.00		63.40
TOTAL			63.40

Total for this Invoice: 4,532.15

Billing Limits 14	Current	Prior	To Date
Total Billings	4,532.15	2,100.00	6,632.15
Task Order Limit			74,981.00
Remaining			68,348.85

Outstanding Invoices 15	Number	Date	Balance
			0.00
TOTAL PAST DUE			0.00

Billings To Date 16	Current	Prior	Total
Labor	4,468.75	2,000.00	6,468.75
Reimbursable	63.40	100.00	163.40
TOTAL	<u>4,532.15</u>	<u>2,100.00</u>	<u>6,632.15</u>

SYLLABUS:

- | | |
|--------------------------------------|--|
| 1 Company Address Information | 9 Consultant's Contact Person |
| 2 Date of Invoice | 10 Overview of work done, by whom, hours, rate and total |
| 3 KCHA Address Information | 11 Detailed of work done, by whom, hours, rates, totals (SOV) |
| 4 Invoice Number | 12 Overview of sub-consultant(s) invoices (include their invoices) |
| 5 Period To Date | 13 Overview of reimbursable expenses (include any receipts) |
| 6 Contract Number | 14 Overview of billings to date and task order remainder |
| 7 Contract Amount | 15 Outstanding invoices (if any) |
| 8 Project Site Name | 16 Billings to date labor & reimbursable charges separated |

INVOICE DELIVERY:

Email to: einv@kcha.org (preferred)

OR

Mail to: Address listed in **3**

FOR INFORMATION ONLY