Company Name
Address
Address
Phone: Fax:
Invoice Contact Person:

Please submit invoice to:
PGM/Capital Services
c/o Administrative Associate
P.O. Box 2150
La Plata, Md 20646

INVOICE #	P.O. #	FS #	FOR (PERIOD)	DATE:
PGM PROJECT NO. (PGM #)	COMPLETION DATE			EXTENDED COMPLETION DATE

PROJECT	ORIGINAL CONTRACT $0.00
LOCATION	TOTAL APPROVED CHANGE ORDERS $0.00
SPECIAL INSTRUCTIONS Please provide adequate backup to justify invoice	TOTAL CONTRACT $0.00

ITEM NO.	CONTRACT AMOUNT	DESCRIPTION	% COMPLETE TO DATE	AMOUNT THIS BILLING	AMOUNT TO DATE
A					
B					
C					
Original Contract	$0.00			$0.00	$0.00

APPROVED CHANGE ORDERS

CHANGE ORDER #	CHANGE ORDER AMOUNT	DESCRIPTION	% COMPLETE TO DATE	AMOUNT THIS BILLING	AMOUNT TO DATE
Total CO's	$0.00			$0.00	$0.00
Total Contract	**$0.00**			**$0.00**	**$0.00**

County Approvals

Project Manager Date

Capital Services Engineer IV (Program Manager) Date

Chief of Capital Services Date

Fiscal Services Date

Team Leader Date

Project Adm Specialist Date

Account Numbers Charged Amount PO #

Contract Summary

TOTAL AMOUNT TO DATE:	**$0.00**
LESS 5% RETAINAGE: (For Construction Projects)	$0.00
LESS PREVIOUSLY PAID:	
DUE THIS INVOICE:	**$0.00**
% COMPLETE TO DATE:	#DIV/0!
CONTRACT BALANCE REMAINING:	$0.00

WE HEREBY CERTIFY THE FOREGOING TO BE A TRUE AND CORRECT ESTIMATE OF THE AMOUNT AND VALUE OF WORK DONE, MATERIALS INCORPORATED AND MATERIALS ACCEPTED BUT NOT INCORPORAED TO DATE.

ENGINEER: Date

CONTRACTOR: Date