

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
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NDOT CODING:

Org:	Appro.:	Activity	Object:	Job/Project:
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