

FIRM LETTERHEAD

Date:
 Invoice No.:
 Purchase Order No.:
 Firm Project No.

The University of Texas M.D. Anderson Cancer Center
 [Insert FM Department: Capital Planning & Management; Research and Education Facilities; or, Patient Care
 Facilities]
 1515 Holcombe Blvd.,
 Houston, Texas 77030-4095

Attention: [Insert Name of Project Manager]

STATEMENT FOR ARCHITECTURAL / ENGINEERING SERVICES

Statement No. _____ for the Month of _____

Application is made for payment, as shown below, in connection with the U.T. M.D. Anderson Cancer Center
 Project identified above. Information in support of this application is attached.

Invoice Items	A Fee	B Amount Due this Period	A – B Balance Remaining
Basic Services	\$	\$	\$
Additional Services	\$		
Add. Serv. #1 – Description			
Add. Serv. #2 – Description			
Reimbursable Expenses	\$	\$	\$
Totals	\$	\$ 	\$

ENGINEER CERTIFICATION

I, the Engineer, do hereby certify that all insurances required by the Agreement are in full force and effect as of this date.
 I, the Engineer, do furthermore certify that all amounts shown are correct and now due.

By: _____ Date: _____
 (Signature of Authorized Agent of Engineer)

Title: _____

AUTHORIZATION

By: _____ Date: _____
 (MDACC Project Manager)

By: _____ Date: _____
 (MDACC Director)

Attachments: Basic Services - Detail
 Additional Services – Detail
 Reimbursable Expenses - Detail

Firm Name
Statement for Architectural / Engineering Services
FM
Statement No.:
Date
Page 2 of 5 – Basic Services

Basic Services - Detail

	% of Fee	(A) Fee Proportion	%	(B) Total Fee Earned to Date	(C) Fees Invoiced to Date	(B-C) Fee Invoiced this Period	(A-B) Amount Remaining
Schematic Design Phase	%	\$	%	\$	\$	\$	\$
Design Development Phase	%	\$	%	\$	\$	\$	\$
Construction Document Phase	%	\$	%	\$	\$	\$	\$
Bidding / Negotiation Phase	%	\$	%	\$	\$	\$	\$
Construction Phase **	%	\$	%	\$	\$	\$	\$
	100%	\$	100%	\$	\$	\$	\$

(** The following section must be completed for the first period following receipt of bids)

Basic Services – U.T. Board of Regents Fee Schedule Adjustment

1.0	Basic Services – P.O. Amount	\$
2.0	Construction Cost	\$
3.0	Interpolated Fee	X %
4.0	Basic Services – B.O.R. Amount	= \$
5.0	Line 1.0 or 4.0, whichever is less	\$
6.0	Total Basic Services Fee Earned to Date	- \$
7.0	Basic Services Fee Balance	\$

Firm Name
Statement for Architectural / Engineering Services
FM
Statement No.:
Date
Page 3 of 5 – Basic Services

Basic Services – Detail (Continued)

Phase Name	Position	Rate	Hours	Amount
Schematic Design Phase (S.D.)				
				\$ <u>Sub-total</u>
Design Development Phase (D.D.)				
				\$ <u>Sub-total</u>
Construction Document Phase (C.D.)				
				\$ <u>Sub-total</u>
Bid Phase				
				\$ <u>Sub-total</u>
Construction Administration Phase (C.A.)				
				\$ <u>Sub-total</u>
Basic Services – This Invoice				\$ Total

Firm Name
 Statement for Architectural / Engineering Services
 FM
 Statement No.:
 Date
 Page 4 of 5 – Additional Services

Additional Services #1 - Detail

	(A) P.O. Amount	% Complete	(B) Fee Earned to Date	(C) Invoiced to Date	(B - C) Fee Invoiced this Period	(A - B) Balance Remaining
Add. Serv. #1- Description	\$ 100,000. 00	100%	\$ 100,000. 00	\$ 100,000. 00	\$ 100,000. 00	\$
	\$		\$	\$	\$	\$

Additional Services #1
 Name

Name	Position	Rate	Hours	Amount
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Additional Services #1 – This Invoice

\$

Total

Firm Name
Statement for Architectural / Engineering Services
FM
Statement No.:
Date
Page 5 of 5 – Reimbursable Expenses

Reimbursable Expenses - Detail

Item	(A) Reimbursement Allowance	(B) Invoiced to Date	(C) Amount Due*	(A – B – C) Balance Remaining
Description	\$	\$	\$	\$
Description	\$	\$	\$	\$
Description	\$	\$	\$	\$
	\$	\$	\$	\$

* Supporting documentation (receipts) is attached in support of these expenses.