

PROFESSIONAL SERVICES CONSULTANT INVOICE FORM

To GDOT Addressee

Invoice Date: _____
 Invoice Number: _____
 Billing Period: _____
 Contract ID Number: _____
 Purchase Order Number (PO): _____
 Notice to Proceed: _____
 Contract Expiration Date: _____

Consultant's Name and Address for Payment Remittance

Project Information
Project Identification Number (PI): _____
Project Number: _____
Project Description: _____

Total "\$" This Invoice: _____

Total "\$" Previously Billed: _____

Total "\$" Billed to Date: _____

DBE Payment included: Yes _____ No _____

INVOICE SUMMARY

Task Order or Phase #	Current Contract Amount	% Complete of Task Order or Phase	Total "\$" Previously Billed	Total "\$" This Invoice	Total "\$" Billed to Date	Remaining Balance
Total						

CERTIFICATE OF CONSULTANT

The undersigned requests payment of that portion of the contract amount invoiced above and warrants to GDOT that (1) the data shown in this voucher is accurate and correct; (2) the work covered by this invoice has been completed in conformance with the contract requirements; (3) all previous payments received from GDOT on account of work done under this contract have been applied to discharge in full all obligation of the prime to its consultants, sub-consultants, and suppliers incurred in connection with work covered by prior invoices; (4*) Supporting documentation will be provided to Georgia Department of Transportation within two business days (48 hours) of such request. (*Does not apply to CEI consultants. Supporting documentation is required with each invoice submitted by CEI Consultants).

CONSULTANT NAME (print): _____

CONSULTANT SIGNATURE: _____ Date: _____