INVOICE NO.		

NEVADA DEPARTMENT OF TRANSPORTATION CONSULTANT SERVICES

CONSULTANT MONTHLY INVOICE AND PROGRESS REPORT

BILLING PERIOD FROM:			TO:			
	0					
PROJECT ID NO.(S)						
			AGREEMENT AMOUNT	\$		
PROJECT ID NO.(S)						
			SUBCONTRACTS AMOUNT PAID TO DATE:			
PROJECT NAME:						
FEDERAL TAX ID NO			TOTAL AMOUNT INVOICED TO DATE:			
			<u> </u>			
REMIT TO ADDRESS:						
			\$			
			TOTAL BALANCE REMAINING: \$			
PHONE NO.						
			LIQUIDATED DAMAGES APPLIED:			
PHYSICAL ADDRESS:						
			FINAL INVOICE:	YES NO		
			DBE GOAL:			
			% DBE TO DATE:			
		TARGET MILEST				
30% SUBMITTAL:			60% SUBMITTAL:			
90% SUBMITTAL:			100% SUBMITTAL:			
OTHER:			OTHER:			
	SOWIN	(attach additional she	RMED FOR THIS INVOICE rets if necessary)			
UBMITTED BY						
UBMITTED BY	Y:		Print Name	DATE		
	Signature of Consultant		Print Name	DATE		
UBMITTED BY UBMITTED BY	Signature of Consultant		Print Name	DATE		

NDOT 070-063 Rev 03-20