

INVOICE NO. \_\_\_\_\_

NEVADA DEPARTMENT OF TRANSPORTATION  
CONSULTANT SERVICES  
CONSULTANT MONTHLY INVOICE AND PROGRESS REPORT

BILLING PERIOD FROM: _____	TO: _____
CONTRACT NO. _____	AGREEMENT NO. _____
PROJECT ID NO.(S) _____	PROJECT TERMINATION DATE: _____
_____	<b>AGREEMENT AMOUNT \$</b> _____
PROJECT ID NO.(S) _____	SUBCONTRACTS AMOUNT \$ _____
_____	SUBCONTRACTS AMOUNT PAID TO DATE:
PROJECT NAME: _____	\$ _____
FEDERAL TAX ID NO. _____	TOTAL AMOUNT INVOICED TO DATE:
FIRM NAME: _____	\$ _____
REMIT TO ADDRESS: _____	TOTAL AMOUNT INVOICED THIS PERIOD:
_____	\$ _____
_____	<b>TOTAL BALANCE REMAINING: \$</b> _____
_____	TASK ORDER NO.(S): _____
PHONE NO. _____	AMOUNT OF TASK ORDER \$ _____
FAX NO. _____	% OF PROJECT COMPLETED TO DATE: _____
CONTACT PERSON: _____	LIQUIDATED DAMAGES APPLIED:
PHYSICAL ADDRESS: _____	\$ _____
_____	FINAL INVOICE: _____ YES _____ NO
_____	DBE GOAL: _____
_____	% DBE TO DATE: _____

TARGET MILESTONE DATES

30% SUBMITTAL: _____	60% SUBMITTAL: _____
90% SUBMITTAL: _____	100% SUBMITTAL: _____
OTHER: _____	OTHER: _____

