## PLEASE ATTACH YOUR ORIGINAL INVOICE ON COMPANY LETTERHEAD AS BACK-UP



Date:

PO#:

### Campus Planning and Facilities Management Office of Business & Finance

FOR CASE USE ONLY									
PROJECT NO:									
PROJECT NAME:									
CASE MGMT FILING NO:									
DESIGN FILING NO:									
CONST FILING NO:									
OTHER:									

			AF	CHITECTU	RAL & ENGIN	133	RING SERVIC	)ES	FEEINV	OIC	)E					
Architect Information					Invoice Information						Project Information					
Firm name:	Our Firm			Invoice #: 001234					Project Name:							
Address:	1234 Main Street				Invoice date: 8/10/7							•	SE PO#:			
	Suite 100A					For the period ending: 7/31/07						CASE Project #: (CIP)				
Am tour Old 44000				Original Agreement \$11,100.00						· · · · · · · · · · · · · · · · · · ·						
Contact nersen's nemes John Smith										•						
Contact person's name: John Smith  Phono number: 216, 368, 6007  made to a separate address please					·						Case Project Manager:					
Phone number: 216-368-6907 indicate that here.					Revised Contract \$11,700.00											
Fax number: 216-368-0765				Total Completed \$3,050.00							Get exact Project Name and CIP# from CWRU					
Tax ID: XX-XXXXXXX					Previous Billings \$1,850.00							to ensure consistency.				
E-mail: smith@ourfir	m.com				<b>Net Amount Due</b>				\$1,200.00							
									Previous			To	otal Completed to			
Service Category	Detail			Con	ntract Information			Application		T	This Period		Date	Complete	Balance to Finish	
			Original Contract		Amendments Revised Contract Amt								<u> </u>			
Predesign Services			40/	2 222 22		<b> </b>	2 2 2 2 2 2 2		050.00					4.70/		
Existing Conditions Survey			4% \$	6,000.00		\$	6,000.00		850.00		50.00	\$	900.00	15%		5,100.00
CM Related Services		1	1% \$	1,200.00		\$	1,200.00	\$	1,000.00	\$	200.00	\$	1,200.00	100%	\$	
Davida Osar Isaa						\$	-					\$	-		\$	
Basic Services			F0/ ¢	600.00		<u> </u>	600.00			¢	250.00	¢	250.00	F00/	•	250.00
Schematic Design			5% \$ 4% \$	600.00 1,500.00		Φ	600.00 1,500.00			\$	350.00	\$	350.00	58%	<u>Φ</u>	250.00 1,500.00
Design Development			4% \$ 6% \$	<u> </u>		Φ	•					<b>P</b>	-		<u>Φ</u>	
Construction Documents		<u>'</u>	070 ф	1,800.00		\$	1,800.00					<b>9</b>	<u>-</u>		\$	1,800.00 -
Additional Services						Η						_				
G506 Amend #1 (5/31/07)	Wireless Survey				\$ 500.00	\$	500.00			\$	500.00	\$	500.00	100%	\$	-
G506 Amend #2 (6/21/07)	Structural Study				\$ 100.00	\$	100.00			\$	100.00	\$	100.00	100%	\$	_
						\$	-					\$	-		\$	<u> </u>
Fill in categories and amounts for Service Category, Detail, Original						\$	-		- Fx	cel f	el formulas will calculate appropriate dollar amounts and					its and
Contract, Amendments, Previous Applications and This Period. This						\$	-				ages for invoice information at top of page: Revised Contract					
should be filled out according to the signed AIA contract. All fees						\$	-			_						
should correlate directly with contracted amounts.					\$	-		Amoun	it, Total Completed to Date, % Complete, Balance to Finish					Finish and		
						\$	-		_				Totals Line.			
						\$	-					6		1	•	
Totals		10	0% \$	11,100.00	\$ 600.00	\$	11,700.00	\$	1,850.00	\$	1,200.00	\$	3,050.00	26%	\$	8,650.00
			<b>4</b>	11,100100			11,100100	Ψ	1,000100	<b>T</b>	1,200100	Y	2,000100		Ŧ	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Note Any Outstandi Invoice #	ing Invoices Billed to Date on t Net Amount	his PO Number Date			Contractual Billing Rate Position	es			Rate/Hr							
1232	Net Amount	\$850.00 05/1	5/07		Principal				\$0.00							
1233					Project Architect				\$0.00							
List any unpaid invoices for this project. If billing reimbursables on a					Architect				\$0.00							
separate PO#, do not list on this invoice, but on reimbursables sheet. Total					Senior Engineer				\$0.00							
will calculate automatically.					Engineer				\$0.00							
TOTAL \$1,350.00					Intern Administrator				\$0.00 \$0.00							
	FOR CASE US	•														
							DI E 1 CE 1 EE		V0115 05:	<b>.</b>						D. 1 614 115
Invoice #:					4	PLEASE ATTACH YOUR ORIGINAL INVOICE ON COMPANY LETTERHEAD AS BACK-UP										
Approved for Payment:																

1,200.00

Cedar Avenue Service Center 10620 Cedar Ave / Cleveland OH 44106-7228 E-mail: busfin@case.edu Web www.case.edu/pdc

### PLEASE ATTACH YOUR ORIGINAL INVOICE ON COMPANY LETTERHEAD AS BACK-UP



**Architect Information** 

Approved for Payment:

Date:

PO#:

Firm name:

Campus Planning and Facilities Management Office of Business & Finance

ACK-OF
FOR CASE USE ONLY
ROJECT NO:
ROJECT NAME:
ASE MGMT FILING NO:
ESIGN FILING NO:
ONST FILING NO:
THER:

Project Information
Project Name:

# ARCHITECTURAL & ENGINEERING SERVICES REIMBURSABLES INVOICE

**Invoice Information** 

Invoice #:

Address:  Contact person's name: Phone number: Fax number: Tax ID: E-mail:  Service Category	paymo ado	ents should k dress, please	oe made t	o a separate		Invoice date: For the period en Original Agreeme Amended to Date Revised Contract Total Completed Previous Billings Net Amount Due	ent e	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 <b>\$0.00</b>		CASE PO#: CASE Project #: (CIF Building/Location: Case Project Manage  Get exact Project CWRU to exact Project CWRU to exact Project Date				
				Origina	al Contract	Amendments	Amt							
Reimbursables														
	Detail/Vendor Previous Ap	plications an attached in nounts shoul	Original ( d This Per the order	Contract, And iod. Original they appea exactly. CW	nendments, al invoices r on this			for Invoice I	nformation at top	ill calculate appropriate dollar amounts and percentages rmation at top of page: Revised Contract Amount, Total Date, % Complete, Balance to Finish and Totals Line.				
Totals		\$ -		\$	-	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -		
Note Any Outstanding Invoices B	illed to Date on this PO Num	nber	]											
List any unpaid inv billed separately, de Total will ca	oices to date. If fee not list those inviculate automatical	oices here.					PLEASE A	ATTACH YOUR OF	RIGINAL INVOICE	ON COMPANY LET	ΓTERHEAD	AS BACK-UP		
TOTAL	\$ -	ACE HOE ONLY	]			•								
Invoice #:	FORC	ASE USE ONL									CEDAR AVFNI	JE SERVICE CENTER		

10620 CEDAR AVENUE CLEVELAND, OHIO 44106-7228 Email: busfin@case.edu Web: www.case.edu/pdc