

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



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:	

ARCHITECTURAL & ENGINEERING SERVICES FEE INVOICE

Architect Information

Firm name: Our Firm
Address: 1234 Main Street
Suite 100A
Anytown, OH 44000
Contact person's name: John Smith
Phone number: 216-368-6907
Fax number: 216-368-0765
Tax ID: XX-XXXXXXX
E-mail: smith@ourfirm.com

Fill out your firms contact information. If payments should be made to a separate address please indicate that here.

Invoice Information

Invoice #: 001234
Invoice date: 8/10/7
For the period ending: 7/31/07
Original Agreement \$11,100.00
Amended to Date \$600.00
Revised Contract \$11,700.00
Total Completed \$3,050.00
Previous Billings \$1,850.00
Net Amount Due \$1,200.00

Project Information

Project Name:
CASE PO#:
CASE Project #: (CIP)
Building/Location:
Case Project Manager:
Get exact Project Name and CIP# from CWRU to ensure consistency.

Service Category	Detail	Contract Information			Previous Application	This Period	Total Completed to Date	% Complete	Balance to Finish	
		Original Contract	Amendments	Revised Contract Amt						
Pre-design Services										
Existing Conditions Survey		54%	\$ 6,000.00	\$ 6,000.00	\$ 850.00	\$ 50.00	\$ 900.00	15%	\$ 5,100.00	
CM Related Services		11%	\$ 1,200.00	\$ 1,200.00	\$ 1,000.00	\$ 200.00	\$ 1,200.00	100%	\$ -	
				\$ -			\$ -		\$ -	
Basic Services										
Schematic Design		5%	\$ 600.00	\$ 600.00		\$ 350.00	\$ 350.00	58%	\$ 250.00	
Design Development		14%	\$ 1,500.00	\$ 1,500.00			\$ -		\$ 1,500.00	
Construction Documents		16%	\$ 1,800.00	\$ 1,800.00			\$ -		\$ 1,800.00	
				\$ -			\$ -		\$ -	
Additional Services										
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%	\$ -	
				\$ -			\$ -		\$ -	
				\$ -			\$ -		\$ -	
				\$ -			\$ -		\$ -	
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				\$ -			\$ -		\$ -	
				\$ -			\$ -		\$ -	
Totals		100%	\$ 11,100.00	\$ 600.00	\$ 11,700.00	\$ 1,850.00	\$ 1,200.00	\$ 3,050.00	26%	\$ 8,650.00

Fill in categories and amounts for Service Category, Detail, Original Contract, Amendments, Previous Applications and This Period. This should be filled out according to the signed AIA contract. All fees should correlate directly with contracted amounts.

Excel formulas will calculate appropriate dollar amounts and percentages for invoice information at top of page: Revised Contract Amount, Total Completed to Date, % Complete, Balance to Finish and Totals Line.

Note Any Outstanding Invoices Billed to Date on this PO Number		
Invoice #	Net Amount	Date
1232	\$850.00	05/15/07
1233		
TOTAL	\$1,350.00	

List any unpaid invoices for this project. If billing reimbursables on a separate PO#, do not list on this invoice, but on reimbursables sheet. Total will calculate automatically.

Contractual Billing Rates	
Position	Rate/Hr
Principal	\$0.00
Project Architect	\$0.00
Architect	\$0.00
Senior Engineer	\$0.00
Engineer	\$0.00
Intern	\$0.00
Administrator	\$0.00

FOR CASE USE ONLY	
Invoice #:	
Approved for Payment:	
x _____	
Date:	
PO#:	\$ 1,200.00

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