Cost Breakdown Form

Company Name:	
Address:	
Employer (FEIN) No.:	
Project No.:	
Project Location:	
Control No.:	
Agreement No.:	
Invoice No. and Date:	
Progress Report Date:	
% Work Completed:	
Current Billing Period:	

Total Lump Sum Fee ➤

	Amount		
	This Period	**Previously Billed**	**To Date**
Lump Sum Invoiced			

Total Actual Cost ➤	**Limiting Max. Amount**	**Fixed Fee for Profit**	**Total Contract Amount**
	Amount		
	This Period	**Previously Billed**	**To Date**
Direct Labor			
Overhead @ % of Direct Labor			
Direct Non-Labor Costs			
Indirect Costs			
Fixed Fee = % of Labor and Overhead			
Outside Services *(Subconsultants)*			
Subtotal – Outside Services			
Total Amount Due ➤			

I certify that the billed amounts are actual and in agreement with the contract terms.	**Balance:**	

Signature:	Title:	Date:

DR Form 162, Jan 07