

**DUKE UNIVERSITY  
CONSULTANT INVOICE**

FOR INTERNAL USE ONLY

PAYEE (NAME AND ADDRESS)		PROJECT (NAME AND DUKE PROJ #)		DATE OF CHECK	_____
				CHECK NO.	_____
				ACCT. CODE	_____
				ACCT. CODE	_____
SUBMISSION DATE:	_____	CONTRACT NUMBER	_____	ACCT. CODE	_____
WORK PERIOD ENDING:	_____	INVOICE NUMBER	_____	AMOUNT \$	_____

PHASE 000		BASE CONTRACT			
BILLING PHASE	FEE	%	TOTAL EARNED	PREVIOUS BILLED	CURRENT BILLING
SCHEMATIC DESIGN					0.00
DESIGN DEVELOPMENT					0.00
CONSTR DOCUMENTS					0.00
BIDDING PHASE					0.00
CONSTR ADMIN					0.00
SRVC AMEND #1					0.00
SRVC AMEND #2					0.00
SRVC AMEND #3					0.00
GENERAL SERVICES					0.00
<b>TOTAL BASE FEE</b>		\$ -	\$ -	\$ -	\$ -

PHASE 999		REIMBURSABLES (Back-up Attached)			
BILLING PHASE	FEE	%	TOTAL EARNED	PREVIOUS BILLED	CURRENT BILLING
REPROGRAPHICS					0.00
TRAVEL					
MEALS					
OTHER					0.00
<b>TOTAL REIMB FEE</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

**TOTAL THIS INVOICE** \$ -

**CERTIFICATION BY CONSULTANT**

In accordance with the Service Agreement, based on the documented records maintained by the Consultant for the time expended on the noted project, the Consultant certifies to the Owner that to the best of the Consultant's knowledge, information and belief, the Work has progressed as indicated, the quality and coordination of the work is in accordance with the Service Agreement, and the Consultant is entitled to payment of the AMOUNT CERTIFIED.

CONSULTANT NAME (PRINT OR TYPE)	TITLE	SIGNATURE	DATE
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**DUKE APPROVAL FOR PAYMENT**

OPM PROJ MGR.	TITLE	SIGNATURE	DATE
DIR, OPM	TITLE	SIGNATURE	DATE
FMD BUSI. SRVCS.	TITLE	SIGNATURE	DATE