|  |  |  |
| --- | --- | --- |
| **2-color seal** | State of OklahomaOffice of Management and Enterprise Services**Division of Capital Assets Management**Construction and Properties | Consultant InvoiceMiscellaneous Services |

|  |
| --- |
| **NOTE:** Fully tab through line with entered data for fields to perform calculationsSubmit original invoice to DCAM/CAP Project Manager. Submit copy to Using Agency. This form must be accompanied by the DCAM/CAP Form 109C “Invoice Affidavit (Consultant Services)” and a progress report. |

|  |  |  |  |
| --- | --- | --- | --- |
| To: | Construction and Properties DepartmentState of OklahomaP.O. Box 53448; Oklahoma City, OK 73152-34482401 N. Lincoln Blvd, Suite 212Oklahoma City, OK 73152-3448 | From: |  |
|  | *(Company Name)* |
|  |  |
|  | *(Address)* |
|  |  |
|  | (City, State, Zip) |
|  |  |
|  | *(Telephone Number)* |
|  |  |
|  | *(EIN/TIN)* |
| Project Name: |  | CAP Project #: |  | Date: |  |
| Purchase Order #: |  | Invoice #: |  |
| Using Agency Purchase Order #:  |  |  |
| Dates Work Performed: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Type of Service | Contract Amount | Percent Complete | Dollar Amount Completed | Total Prior Billing Service1 | Amount Due This Invoice |
|  | **Contract Amount:** |  |  | (includes Amount due this invoice) |  |  |
|  | **Miscellaneous Services Breakdown:** |  |
| 1. |  |  | **0%** | **0.00** |  |  |
| 2. |  |  | **0%** | **0.00** |  |  |
| 3. |  |  | **0%** | **0.00** |  |  |
| 4. |  |  | **0%** | **0.00** |  |  |
| 5. |  |  | **0%** | **0.00** |  |  |
| 6. |  |  | **0%** | **0.00** |  |  |
| 7. |  |  | **0%** | **0.00** |  |  |
| 8. |  |  | **0%** | **0.00** |  |  |
| 9. |  |  | **0%** | **0.00** |  |  |
| 10. |  |  | **0%** | **0.00** |  |  |
| 11. |  |  | **0%** | **0.00** |  |  |
| 12. |  |  | **0%** | **0.00** |  |  |
| 13. |  |  | **0%** | **0.00** |  |  |
| 14. |  |  | **0%** | **0.00** |  |  |
| 15. |  |  | **0%** | **0.00** |  |  |
| 16. |  |  | **0%** | **0.00** |  |  |
| 17. |  |  | **0%** | **0.00** |  |  |
| 18. |  |  | **0%** | **0.00** |  |  |
| 19. |  |  | **0%** | **0.00** |  |  |
| 20. |  |  | **0%** | **0.00** |  |  |
| 21. |  |  | **0%** | **0.00** |  |  |
| 22. |  |  | **0%** | **0.00** |  |  |
|  | **Totals** | **$0.00** | **0%** | **$0.00** | **$0.00** |  |
|  | **Total Due This Invoice:** | **$0.00** |

1**Total Prior Billing for Particular Service** field should equal the **Dollar Amount Completed** field from the prior Invoice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *(Authorized Representative Printed Name)* |  | *(Authorized Representative Signature)* |  | *(Date)* |
|  |  |  |  |  |
| *(CAP* *)* |  | *(Signature)* |  | *(Date)* |