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

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| --- |
| **NOTE:** Fully tab through line with entered data for fields to perform calculations  Submit 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 Department  State of Oklahoma  P.O. Box 53448; Oklahoma City, OK 73152-3448  2401 N. Lincoln Blvd, Suite 212  Oklahoma 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)* |