

1

**BUREAU OF AERONAUTICS**

**Land Project Legal Services Contract Invoice**

|  |  |
| --- | --- |
| A. Consultant Name and Address | B. Consultant Invoice Number and Date |
|  | C. Time Period Covered by this Invoice |
| D. Department of Transportation Bureau of Aeronautics**Attn: Teresa Klein** |  Contract Amount Actual Costs Lump Sum (Maximum)Original (date) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Amendment 1 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Amendment 2 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Total \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Total Contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E. Airport Name |
| F. BOA Project Number |  |
| G. AIP/State Aid Number |  |

1. Lump Sum Contract Items

 Lump Sum Contract Amount

 Total Amount Earned to Date

 Amount Previously Invoiced

 (Payment Received to Date )

 SUBTOTAL - Lump Sum Amount due this Invoice

2. Actual Cost Contract Items

 Cost of Work Completed to Date

 Amount Previously Invoiced

 (Payment Received to Date )

 SUBTOTAL - Actual Costs Amount due this Invoice

3. AMOUNT DUE THIS INVOICE

4. Parcel Number/s for this payment:

**CONSULTANT CERTIFICATION**. I certify that to the best of my knowledge the work as listed above has been completed, represents no duplication of payments, and any and all costs are in compliance with the contract items.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Consultant Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

**FOR OFFICE USE ONLY**

|  |
| --- |
| **P.O. Order #:** |
| **Invoice #:** |
| **Supplier #:** |
| **Project ID:** |
| **Account (LN):** |
| **Activity:** |
| **Total:** |
| **Authorized by & Date:** |

**BUREAU APPROVAL**. This invoice has been reviewed for accuracy and compliance and is approved for payment. Note any exceptions.

 Partial Payment Date Invoice Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Final Payment

Amount Approved for Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOA Airport Land Program Manager

BOA 10/2024

**ATTACHMENT A**

 **Legal Services Contract**

|  |  |
| --- | --- |
| Consultant Name and Address | Airport Name |
|  | Project ID |
|  | Contract Date |
|  | Consultant Invoice Number and Date |

Time Period Covered by this Invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. LUMP SUM CONTRACT ITEMS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM | LUMP SUM AMOUNT | PERCENT COMPLETE | WORK COMPLETED TO-DATE | WORK COMPLETED THIS PERIOD  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Lump Sum Completed This Period |  | $  |
| Lump Sum Completed To-date | $ |  |
| Less: Previously Invoiced Amount | $ |  |
| SUBTOTAL LUMP SUM AMOUNT DUE THIS INVOICE | $  |  |

**ATTACHMENT A – cont’d**

 **Legal Services Contract**

**2. ACTUAL COST CONTRACT ITEMS** (Items paid by occurrence per contract, up to "Actual Costs" maximum.)

|  |  |  |
| --- | --- | --- |
| ITEM | WORK COMPLETED TO-DATE | WORK COMPLETED THIS PERIOD  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Actual Cost This Period  |  | $ |
| Actual Cost To-Date | $ |  |
| Actual Cost Contract Maximum | $ |  |
| CONTRACT AMOUNT REMAINING AFTER THIS INVOICE | $ |  |