

FBISD PROFESSIONAL SERVICES INVOICE

Invoice No: Date: xx-xx-xx

CONSULTANT Name:
 Address:

Phone:

Project Name:
 FBISD Project No.: FBISD PO No:

Agreement Date:

| <u>Base Fee/Description:</u> | <u>Fee</u> | <u>% Complete</u> | <u>Earned</u> |
|------------------------------|------------|-------------------|---------------|
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |
| TOTAL | \$0.00 | | \$0.00 |

| <u>Endorsements:</u> | <u>Execution Date</u> | <u>Fee</u> | <u>Earned</u> |
|----------------------|-----------------------|------------|---------------|
| Endorsement 1 | xx-xx-xx | \$0.00 | \$0.00 |
| Endorsement 2 | xx-xx-xx | \$0.00 | \$0.00 |
| Endorsement 3 | xx-xx-xx | \$0.00 | \$0.00 |
| Total Endorsements: | | \$0.00 | \$0.00 |

| <u>Base Fee Plus Endorsements:</u> | <u>Fee</u> | <u>Earned</u> |
|------------------------------------|------------|---------------|
| Total Fee (Including Endorsements) | \$0.00 | \$0.00 |

Total Amount Earned On All Services To Date: \$0.00
 Less Amounts Previously Invoiced: \$0.00
Total Amount Due This Invoice: **\$0.00**

Certification: The Consultant hereby certifies that this is an accurate statement of the status of the listed services.

Consultant Signature: _____ Date: _____

FBISD Project Manager: _____ Date: _____

FBISD Project Designer: _____ Date: _____

FBISD Director of Design and Construction _____ Date: _____

For FBISD accounting use only:

Funds Availability Verified: _____ Date: _____

Fund Code No.: _____