

EXHIBIT A - MONTHLY INVOICE FORMAT FOR PROFESSIONAL SERVICES

This Invoice is submitted in accordance with the terms and conditions of AEC Departmental Contract #CT-013017-01 for Construction Testing Services between The Regents of the University of Michigan and CTI and Associates, Inc.

Date: _____

Invoice Number: _____
(Indicate if Progress or Final)

Purchasing Contract Number: _____

To: _____

Supplier Name and Address:

For:

PROJECT: _____
BUILDING NAME: _____
BUILDING NUMBER: _____
PROJECT DESCRIPTION: _____
U-M PROJECT NUMBER P0000XXXX: _____
Services Performed: _____
Date Services Completed: _____

Total Purchasing Contract Amount \$ _____

	Fees	Reimbursables	Total
Total Paid to Date:	\$ _____	\$ _____	\$ _____
Amount Previously Invoiced	\$ _____	\$ _____	\$ _____
Current Invoiced Amount	\$ _____	\$ _____	\$ _____
Balance to Finish	\$ _____	\$ _____	\$ _____

Percentage of Project completed by Fees _____ %
Percentage of Project completed by Date _____ %
Percentage of Project completed by Phase _____ %