

EXHIBIT A - MONTHLY INVOICE FORMAT FOR PROFESSIONAL SERVICES

This Invoice is submitted in accordance with the terms and conditions of AEC-Departmental Contract #ID-113015-6 for Interior Design Services between The Regents of the University of Michigan and Scarcello Associates, Inc. dated _____.

Date: _____ Invoice Number: _____
 (Indicate if Progress or Final)

Purchasing Contract Number: _____

Total Purchasing Contract Amount: \$ _____

To: _____ Design Professional Name and Address:

For: PROJECT DESCRIPTION _____

U-M PROJECT NO/DSO # _____

Services Performed: _____

Date Services Completed: _____

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

Note: The following breakdowns must be attached to each invoice

1. Hours worked and hourly fee rate per employee name by job classification. When compensation for services performed is based on time worked, invoices must include the following detail for all time charged to the project:

- Name of Design Professional's employee
- Date and number of hours worked on that date
- Employee's job classification (as it pertains to billing)
- Employee's billing rate

Also included on the invoice shall be the following statement, signed by the Design Professional's project principal. "I certify that all charges for time worked, included on this invoice, represent actual effort and are in accordance with all terms of our contract with the Owner.

2. A breakdown of all reimbursable expenses with appropriate supportive documentation.