

EXHIBIT A - MONTHLY INVOICE FORMAT FOR PROFESSIONAL SERVICES

This Invoice is submitted in accordance with the terms and conditions of AEC-Departmental Contract **#FS-113015-1** for Professional Design Services between The Regents of the University of Michigan and CDM Smith Michigan Inc., dated December 1, 2013.

Date: _____
(Indicate if Progress or Final)

Invoice Number: _____

Purchasing Contract Number: _____

To: _____

Design Professional 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 _____%