

**EXHIBIT A - MONTHLY INVOICE FORMAT FOR PROFESSIONAL SERVICES**

This Invoice is submitted in accordance with the terms and conditions of AEC-Departmental Contract #MP-022815-2 for Master Planning Services between The Regents of the University of Michigan and Sasaki Associates, Incorporated dated March 1, 2012.

Date: \_\_\_\_\_ Invoice Number: \_\_\_\_\_  
 (Indicate if Progress or Final)  
 Purchasing Contract Number: \_\_\_\_\_  
 Total Purchasing Contract Amount: \$ \_\_\_\_\_

To: \_\_\_\_\_ Planning Consultant Name and Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For:  
 PROJECT DESCRIPTION \_\_\_\_\_  
 U-M PROJECT NO. \_\_\_\_\_  
 Services Performed: \_\_\_\_\_  
 Date Services Completed: \_\_\_\_\_

	Fees	Reimbursables	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 Consultant'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 Consultant'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.*