

Attachment G – Required Invoice Format

**MILWAUKEE COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES FACILITIES MANAGEMENT DIVISION**

INVOICE FOR CONSULTING SERVICES
(Lump Sum Contract Form)

INVOICE # _____

DATE: _____

PROJECT TITLE: _____

PROJECT NO.: _____

CONSULTANT: _____

SERVICES FOR THE MONTH ENDING: _____

- 1.) BASIC SERVICES (**Attachment “G-2”**):

- 2.) REIMBURSABLE EXPENSES (**Attachment “G-2”**):
(Attach itemization and back-up copies of all charges)

- 3.) ADDITIONAL SERVICES (**Attachment “G-3”**):
(Attach itemization for each service by name, classification,
direct salary rate x O.H. factor x man hours)

TOTAL THIS MONTH:

LESS: Retainage @ 5% (On Items 1. & 3. Only).....

CURRENT PAYMENT DUE:
(Attach continuation sheet, G-2, on job status)

Approved for Billing:

Approved for Milwaukee County
Department of Administrative Services
Facilities Management Division:

Consultant

Signature

Signature

Title

Date

Attachment G – Required Invoice Format

**MILWAUKEE COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES, FACILITIES MANAGEMENT DIVISION**

INVOICE FOR ADDITIONAL CONSULTING SERVICES ONLY
(Multiple of Direct Salary Rate Form)
(One FORM "D-3"/Ea. Increase/Billing)

INVOICE # _____

Fee Increase # _____

DATE: _____

Fee Increase Total \$ _____

PROJECT TITLE: _____

PROJECT NO.: _____

CONSULTANT: _____

SERVICES FOR THE MONTH ENGING: _____

1.) CONSULTANT LABOR (Refer to approved Manpower Direct Salary Rate & O.H. Factor Schedule)

Name	Classification	Direct Sal. Rate/Hr.	OH Factor	Man Hrs	Cost
_____	_____	\$ _____		_____	= _____
_____	_____	\$ _____		_____	= _____
_____	_____	\$ _____		_____	= _____
_____	_____	\$ _____		_____	= _____
_____	_____	\$ _____		_____	= _____
				Subtotal	_____

2.) SUBCONSULTANTS
(Attach itemizations in same form as above) Subtotal _____

3.) REIMBURSABLE EXPENSES
(Attach itemization and backup copies of all charges) Subtotal _____

TOTAL THIS MONTH:

LESS: Retainage @ 5% (On Items 1. & 2. Only).....

CURRENT PAYMENT DUE:
(Attach continuation sheet on job status)

Approved for Billing:

Approved for Milwaukee County
Department of Administrative Services
Facilities Management Division:

Consultant

Signature & Date

Signature

Title