

XX/XX/2011

TO:
 WSDOT - SR 520 Bridge Replacement & HOV Program
 ATTN: Accounts Payable
 600 - STEWART STREET, SUITE 520
 SEATTLE, WASHINGTON 98101

Invoice number: XXX
 For the period: XX/XX/11 thru XX/XX/11

Work or Services eligible for reimbursement under agreement GCA 6684

Billing Summary	Budget	This Invoice	Prev. Billed	Total Billed	Remain
A. Phase 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Phase 2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total All Tasks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL AMOUNT DUE THIS INVOICE \$0.00

Phase 1

Direct Labor	Staff Member	Hours	Rate	Amount
XXX	XXX	0.0	\$0.00	\$0.00
XXX	XXX	0.0	\$0.00	\$0.00
Total Direct Labor (DL)		0.0		\$0.00

Phase 2

Direct Labor	Staff Member	Hours	Rate	Amount
XXX	XXX	0.0	\$0.00	\$0.00
XXX	XXX	0.0	\$0.00	\$0.00
Total Direct Labor (DL)		0.0		\$0.00

Direct Reimbursable Expenses

	\$0.00
	\$0.00
Total Direct Expenses	\$0.00

Work Performed for this Invoice Period

This invoice includes....