

FBISD PROFESSIONAL SERVICES INVOICE

Invoice No: Date: **XX-XX-XX**

CONSULTANT Name:

Address:

Phone:

Project Name:

FBISD Project No.:

FBISD PO No:

Agreement Date:

Base Fee/Description:

Fee

% Complete

Earned

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

TOTAL

\$0.00

\$0.00

Endorsements:

Execution Date

Fee

Earned

Endorsement 1

XX-XX-XX

\$0.00

\$0.00

Endorsement 2

XX-XX-XX

\$0.00

\$0.00

Endorsement 3

XX-XX-XX

\$0.00

\$0.00

Total Endorsements:

\$0.00

\$0.00

Base Fee Plus Endorsements:

Fee

Earned

Total Fee (Including Endorsements)

\$0.00

\$0.00

Total Amount Earned On All Services To Date:

\$0.00

Less Amounts Previously Invoiced:

\$0.00

Total Amount Due This Invoice:

\$0.00

Certification: The Consultant hereby certifies that this is an accurate statement of the status of the listed services.

Consultant Signature:

Date:

FBISD Project Manager:

Date:

FBISD Project Designer:

Date:

FBISD

Director of Design and Construction

Date:

For FBISD accounting use only:

Funds Availability Verified:

Date:

Fund Code No.:

FORT BEND INDEPENDENT SCHOOL DISTRICT (FBISD)