

MONTHLY INVOICE COVER SHEET FOR RTN Enter RTN on PID

Date: Enter Date on B1
Invoice No. Enter Invoice No on B1
AE Project No. Enter Consultant Project Number on D2
CSA No. Enter on PID

To:
 MM, Facilities Planning & Development
 2101 Commonwealth, Suite B, SPC 5759
 Ann Arbor, Michigan 48105
 Attn: Tayler Ewald, Bus. Services (themmes@med.umich.edu)

From: Select AE Professional on PID
 Street Address
 City, ST Zip Code

SELECT FROM billing for services rendered in connection with RTN Enter RTN on PID - Enter Project Name
DROP DOWN on PID for the following time period:
LIST

Start Date: Enter Services Rendered Start Date Here
End Date: Enter Services Rendered End Date Here

Total Contract NTX Ammounts		% Compl
Fees:	\$0.00	
Reimbursables:	\$0.00	
Total:	\$0.00	0%

Phase II - Construction Documents Contract Amount	\$0.00	% Compl
Previously Invoiced		0%
Current Invoice Amount		0%
Total Invoiced to Date	\$0.00	0%

Phase III - Construction Contract Amount	\$0.00	% Compl
Previously Invoiced		0%
Current Invoice Amount		0%
Total Invoiced to Date	\$0.00	0%

Reimbursable Expenses*	Total	% Compl
Previously Invoiced	\$0.00	0%
Current Invoice Amount	\$0.00	0%
Total Invoiced to Date	\$0.00	0%

* A breakdown of all reimbursable expenses with appropriate support documentation/actual receipts must be attached.

TOTAL CURRENT INVOICE AMOUNT	\$0.00
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