**BASIC SERVICE INVOICE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Invoice Date:** | | | |  |
|  | | | | Agreement Number: | | | |  |
|  | | | | Invoice Number: | | | |  |
| **FOR PROFESSIONAL SERVICES RENDERED:** From: | |  | | | | To: |  | |
| Consultant Name: |  | | Remit to: | |  | | | |
| Address: |  | | Address: | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vendor Number: | |  | | | | | | | | | | | | |
| Contact Person Accounting: | | | |  | | | | | Phone: | | |  | | |
| DCNR Project Title & Location: | | | | |  | | | | | | | | | |
| DCNR Project Number: | | | | |  | | | | | | | | | |
| DCNR Project Coordinator: | | | | |  | | | | | | | | | |
| DCNR Work Order Number: | | | | |  | | | | | | | | | |
|  | | | **Total Fee** | | | | **Previously Billed** | | | **Current Billing** | | | **Billed to Date** | **% Complete** |
| Task #1 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #2 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #3 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #4 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #5 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #6 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #7 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #8 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #9 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Task #10 | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Subconsultant Cost: | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Work Order Sub-Total | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Expenses (Cons.) | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Expenses (Sub) | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| Work Order Total | | | $ 0.00 | | | | $ 0.00 | | | $ 0.00 | | | $ 0.00 |  |
| **Total Amount Payable This Invoice** | | | | | | |  | | --- | | $ | | | | | | | | | |
| Professional’s Signature | | | | | | | | Department of Conversation and Natural Resources | | | | | | |
|  | | | | | | | | Approved: | | |  | | | |
| Date: |  | | | | | | | Date: | | |  | | | |