



Company Logo

PROGRESS BILLING FORM

TO: **San Bernardino City Unified School District**
956 West 9th Street
San Bernardino, CA 92411
 ATTN:

PROJECT: _____
 DSA PROJECT #: _____
 CMS PROJECT CODE: _____
 CONTRACT #: _____
 DATE: _____
 INVOICE #: _____
 PERIOD COVERED: _____
 PO #: _____

CONSULTANT/VENDOR: _____
 PREPARED BY: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 EMAIL: _____
 PHONE #: _____
 FAX #: _____

STEP 2 STEP 1

do not type in this column, it changes automatically Step 2: enter total value complete to date in this column, the percentage columns will change automatically Step 1: manually enter values from last months green column into this column do not type in this column, values will change automatically

FEE								
ITEM #	Master Service Agreement Period	CONTRACT	COST	% TO DATE	COST COMPLETED TO DATE	TOTAL PREVIOUS BILLINGS	% THIS PERIOD	CURRENT BILLING
1		AOP 1	\$200,000.00	5%	\$10,000.00	\$ -	5%	\$10,000.00
2		AOP 2	\$100,000.00	0%	\$0.00	\$ -	0%	\$0.00
3			\$0.00	0%	\$0.00	\$ -	0%	\$0.00
4			\$0.00	0%	\$0.00	\$ -	0%	\$0.00
			\$0.00	0%	\$0.00	\$ -	0%	\$0.00
Current Fee Billing			\$300,000.00	5%	\$10,000.00	\$0.00	5%	\$10,000.00

REIMBURSABLES								
ITEM #	Master Service Agreement Period	CONTRACT	COST	Mileage (see current IRS Standard Mileage Rates)	TO DATE	TOTAL PREVIOUS BILLINGS		CURRENT BILLING
1			\$10,000.00		\$300.00	\$ -		\$300.00
2			\$0.00		\$0.00	\$ -		\$0.00
Current Reimbursable Billing								\$300.00

TOTAL CURRENT AMOUNT DUE \$10,300.00