

**STATE OF LOUISIANA  
FACILITY PLANNING AND CONTROL**

**PROFESSIONAL DESIGN SERVICES INVOICE**

In Account with: (Design Professional)

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 Project Number: \_\_\_\_\_ Part No.: \_\_\_\_\_  
 WBS No. \_\_\_\_\_  
 CFMS / SRM NO(S). \_\_\_\_\_

CONTRACT DATE: \_\_\_\_\_

ORIGINAL DESIGN FEE: \_\_\_\_\_

Amendment No.	Date	Reimbursable Expense	Revised Design Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Expense Sum:	_____	_____
		<b>Total Contract Amount</b>	Revised Fee
		(Reimbursables + Design Fee)	_____

**PAYMENT DUE DESIGNER FOR SATISFACTORY COMPLETION OF SERVICES RENDERED**

<i>Phase Payment Due</i>	%	<i>Latest Revised Design Fee</i>	<i>Fee Due</i>
A1 Program Completion	05	X _____	= _____
A2 Schematic Design	15	X _____	= _____
A3 Design Development	35	X _____	= _____
A4 Construction Documents Submittal	55	X _____	= _____
A5 Construction Documents Approval	60	X _____	= _____
A6 Bidding and Contracts	65 % of Work Completed	X _____	= _____
A7 Construction	65 + (30 X _____ )	X _____	= _____
A8 Construction Close-out	99	X _____	= _____
A9 One Year Warranty Completion	100 (Max \$2,000)	X _____	= _____
	B. Design Fee Earned to Date(A1 thru A9)		= _____
	C. Less Amount of Fee Previously Paid		= _____
	D. Amount of Fee Due (B-C)		= _____
	E. Reimbursable Expense Due		= _____
	F. Total Amount Due (D+E)		= _____

s/ \_\_\_\_\_  
 Designer's Signature

Date: \_\_\_\_\_

*By signing this invoice the Designer warrants that all sub-consultants will be promptly paid those amounts due them out of the amount paid to the Designer.*

**FACILITY PLANNING AND CONTROL ONLY**

- Project Monthly Status Report(s) received
- Weekly Observation Reports recvd. & sent to file
- As-Builts received

Approved s/ \_\_\_\_\_  
 Project Manager date

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## INSTRUCTIONS

### PROFESSIONAL DESIGN SERVICES INVOICE

1. Professional Design Services Invoice shall only be submitted for payment at the successful completion of each phase, except the Construction Phase. During the Construction Phase the Designer's Invoice, when submitted, shall accompany the Contractor's Application and Certificate for Payment. Designer shall also complete and include a PROJECT MONTHLY STATUS REPORT (form provided by Facility Planning and Control). Designer shall submit weekly site observation reports prior to submitting PROFESSIONAL DESIGN SERVICES INVOICE.
2. Unless otherwise instructed by this office, the Designer shall submit all Statements for Professional Design Services directly to Facility Planning and Control. Payment will be made from original invoices only. Facility Planning requires (1) original only. To readily identify original signatures the invoice shall be signed in a color ink other than black. Do not use black ink.
3. The Percentage of the Construction Contract completed shall be determined by dividing the Construction Contract sum to date into the total completed and stored to date.
4. Direct personnel and reimbursable expenses shall be amended into the contract prior to payment. Direct personnel and reimbursable expenses shall be substantiated with attached supporting documentation.