

**STATE OF LOUISIANA  
FACILITY PLANNING AND CONTROL**

**PROFESSIONAL DESIGN SERVICES INVOICE**

In Account with: (Design Professional)  
 Dammon Engineering, Inc  
 554 Old Spanish Trail  
 Slidell, LA 70458

**Application Number:** 2      **Date:** 1/21/2021  
**Project Name:**  
 HVAC System Replacement  
 State Police Troop L Headquarters  
 Mandeville, LA  
**Project Number:** 01-107-06B-11, F.01003807 **Part No.:**  
**WBS No.**  
**CFMS / SRM No(s).** 4400016796

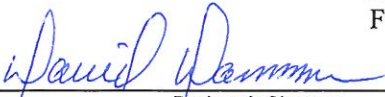
**CONTRACT DATE:** March 27, 2019

**ORIGINAL DESIGN FEE:** \$24,653.00

Amendment No.	Date	Reimbursable Expense	Revised Design Fee
1		\$1,280.00	
2		\$900.00	
	Expense Sum:	\$2,180.00	
		<b>Total Contract Amount</b>	<b>Revised Fee</b>
		(Reimbursables + Design Fee)	\$26,833.00

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

Phase Payment Due	%	Latest Revised Design Fee	Fee Due
A1 Program Completion	05	X	=
A2 Schematic Design	15	X	=
A3 Design Development	30	X	=
A4 Construction Documents Submittal	51	X	=
A5 Construction Documents Approval	60	X	=
A6 Bidding and Contracts	65	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)	= \$16,024.45
		C. Less Amount of Fee Previously Paid	= \$14,791.80
		D. Amount of Fee Due (B-C)	= \$1,232.65
		E. Reimbursable Expense Due	= \$2,180.00
		F. Total Amount Due (D+E)	= \$3,412.65

s/       Date: 1/21/2021  
 Designer's Signature

*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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_