

STATE OF LOUISIANA - DEPARTMENT OF TREASURY

CALL THE AGENCY PHONE NUMBER(S) PROVIDED HERE FOR QUESTIONS REGARDING THIS PAYMENT.

AGY	AGENCY NAME	AGY PH NO.	AGY DOC NO.	PO NO.	VENDOR DOC NO.	COMMENT	AMOUNT
115	FACILITY PLANNING AND CON	225-342-0820	5101008167	2000405695	4400016796001	01-107-06B-11	14791.80
CHECK NO: 415978 PAY METH: V VENDOR: DAMMON ENGINEERING INC DATE: 10-01-19						TOTAL	14,791.80

Pay Doc: 2000521525

STUB AND CHECK CLEARANCE INFO AT <https://lagoverpvendor.doa.louisiana.gov/irj/portal>

CALL DOA (225) 342-1097 FOR EFT DIRECT PAYMENT ENROLLMENT INFORMATION

CHECK IS VOID IF GREEN COLORED BACKGROUND IS ABSENT

CHECK VOID  
180 DAYS FROM DATE

STATE OF LOUISIANA  
DEPARTMENT OF THE TREASURY  
BATON ROUGE, LOUISIANA 70804

838241362  
84-13/654

CHECK DATE

10-01-19

CHECK NO

0000415978

PAY TO THE ORDER OF  
DAMMON ENGINEERING INC  
554 OLD SPANISH TRAIL  
SLIDELL LA 70458  
VENDOR NO. 310081569

PAY EXACTLY  
THE SUM OF

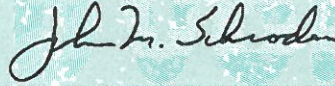
\*\*\*\*\*14,791 DOLLARS AND 80 CENTS

AMOUNT

\*\*\*\*\*\$14,791.80

DOA

PAYABLE AT: JPMorgan Chase Bank, N.A.  
Baton Rouge, Louisiana



⑈0000415978⑈ ⑆065400137⑆

838241362⑈

**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	30	X _____	= _____
A4 Construction Documents Submittal	51	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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_