

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: 06 Date: 09/26/18
 Project Name:
Bridge City Center For Youth
Sewer System Renovation
 Project Number: 08-403-11-01 Part No.: 01
 CFMS NO. 717702

CONTRACT Date: 09/28/2012

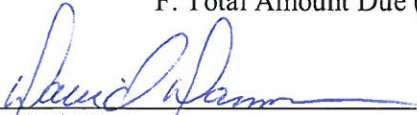
ORIGINAL DESIGN FEE: \$30,647.00

Amendment No.	Date	Reimbursable Expense	Revised Design Fee
<u>1</u>	<u>12/10/2012</u>	<u>\$29,500.00</u>	<u>\$33,742.00</u>
<u>2</u>	<u>10/23/13</u>	<u>\$7,200.00</u>	
	Expense Sum:	<u>\$36,700.00</u>	
	Total Contract Amount		
			Revised Fee <u>\$33,742.00</u>
			(Reimbursables + Design Fee) <u>\$70,442.00</u>

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 <u>100</u>)	X _____	= _____
A8 Construction Close-out	99	X <u>\$33,742.00</u>	= <u>\$33,404.58</u>
A9 One Year Warranty Completion	100 (Max \$2,000)	X _____	= _____

B. Design Fee Earned to Date(A1 thru A9) = \$ \$33,404.58
 C. Less Amount of Fee Previously Paid = \$ \$23,138.49
 D. Amount of Fee Due (B-C) = \$ \$10,266.09
 E. Reimbursable Expense Due: = \$ 0.00
 F. Total Amount Due (D+E) = \$ \$10,266.09

s/ David Dammon  Date: 9/26/2018
 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

Remarks:

Approved s/ _____
 Project Manager date

