

Consultant Firm Address City, State Zip Phone							
TAD Project No.:				TAD Contract No.:		Airport ID:	
Accepted Date of Contract:				Consultant Project No. (if applicable):			
Invoice Number: 1 (One)				Period of Service: 7/1/24 - 7/31/24			
Project Description:				TN FY for Service Dates: 2025		Grant End Date: XX/XX/XXXX	
Item No.	Description	Budget Amount	Unit of Measure	Expenditures			%
				Current	Previous	Total to Date	Total
1	Construction Administration		L.S.			\$0.00	#DIV/0!
2	Basic Fee		L.S.			\$0.00	#DIV/0!
3	Topographic Survey		Hourly			\$0.00	#DIV/0!
4	Construction Staking		Hourly			\$0.00	#DIV/0!
5	Subsurface Investigation		AS Inv.			\$0.00	#DIV/0!
6	Construction Testing		AS Inv.			\$0.00	#DIV/0!
7	Exhibit "A" Property Map		L.S.			\$0.00	#DIV/0!
8	Resident Representation		Hourly			\$0.00	#DIV/0!
9	RSA Determination		L.S.			\$0.00	#DIV/0!
10						\$0.00	#DIV/0!
11						\$0.00	#DIV/0!
12						\$0.00	#DIV/0!
13						\$0.00	#DIV/0!
14						\$0.00	#DIV/0!
15						\$0.00	#DIV/0!
16						\$0.00	#DIV/0!
17						\$0.00	#DIV/0!
18						\$0.00	#DIV/0!
19						\$0.00	#DIV/0!
20						\$0.00	#DIV/0!
Contract Amount		\$0.00	Total Estimate to Date:		\$0.00	#DIV/0!	
Total Estimate to Date		\$0.00	Previous Payment(s):		\$0.00		
Contract Balance		\$0.00	Amount Due This Estimate:		\$0.00		
Engineer's Signature				Date			