

# SAMPLE

Claim Number: \_\_\_\_\_

## LISTING OF INVOICES by date

Page 1 of 4

Invoice Date	Invoice Number	Invoice Amount	Check No. to Pay Invoice	Consultant / Contractor Name	Program Task(s)	Description of Costs
					[List each Program Task covered by this invoice]	[For each Program Task in this invoice, provide: <ul style="list-style-type: none"> <li>• beginning and ending dates of work;</li> <li>• cost amount (separated for each task);</li> <li>• specific work performed (e.g., install MW-1,2 &amp; 3); and</li> <li>• list each subcontractor used (if any).]</li> </ul>
5/31/98	01-489-98	\$5,280.00	#17427	Zed Consulting	Free Product Removal and Site Assessment	<p>Free Product Removal: From 1/1/04 to 4/1/04; \$1,780; Bailing FP with reporting (reports 2/1, 3/1 and 4/1/04); Clean-Oil Disposal</p> <p>Site Assessment: From 1/1/05 to 4/1/05; \$3,500; Install/sample MW-1 thru -3 &amp; 5/1/05 report preparation; Blue Sky Drilling, ICU Laboratories</p>

Total (this page): \$5,280 \_\_\_\_\_  
 GRAND TOTAL\* \$ \_\_\_\_\_  
 \* (last page only)

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