OKLAHOMA
Office of Management & Enterprise Services

Owner's Representative (Consultant) Invoice

Office of Management & Enterprise Services ■ Capital Assets Management ■ Construction and Properties

NOTE: Please TAB through each field/line and enter applicable information to perform calculations.
Submit invoice to cap@omes.ok.gov; unless otherwise directed, do not submit invoices directly to Using Agency.
A Consultant Progress Report may also be required.

To: State of Oklahoma
OMES/CAM/CAP
P.O. Box 53448
Oklahoma City, OK 73152-3448
cap@omes.ok.gov

From:
_____
(Company Name)
_____
(Address)
_____
(City, State, Zip)
_____
(Telephone Number)
_____
(EIN/TIN)

Project Name: _____

CAP Project #: _____   Date: _____
Purchase Order #: _____   Invoice #: _____
Using Agency Purchase Order #: _____

Dates Work Performed: _____

	Type of Service	Contract Amount	Percent Complete	Dollar Amount Completed (includes Amount due this invoice)	Total Prior Billing Service[1]	Amount Due This Invoice
Contract Amount:						
Services Breakdown:						
1.				0.00		
2.				0.00		
3.				0.00		
4.				0.00		
5.				0.00		
6.				0.00		
7.				0.00		
8.				0.00		
9.				0.00		
10.				0.00		
11.				0.00		
12.				0.00		
13.				0.00		
14.				0.00		
15.				0.00		
16.				0.00		
17.				0.00		
18.				0.00		
19.				0.00		
20.				0.00		
Totals		**$0.00**		**$0.00**	**$0.00**	
Total Due This Invoice:						**$0.00**

[1]Total Prior Billing for particular Service field should equal the Dollar Amount Completed field from the prior Invoice.

OWNER:
State of Oklahoma
OMES/CAM/CAP

FOR OFFICIAL OWNER APPROVAL STAMP

(Authorized CAP Representative Approval Stamp)

CONSULTANT:
The Undersigned Consultant solemnly swears or affirms, under penalty of perjury, this invoice is true and correct; Services shown by this invoice have been completed in accordance with the Contract; no payments of money or any other thing of value has been given directly or indirectly to any elected official, officer or employee of the State of Oklahoma to obtain payment of invoice or to procure the contract or purchase order.

_____   _____
(Authorized Representative Signature)   *(Date Signed)*

_____
(Authorized Representative Printed Name)

_____
(Authorized Representative Printed Title)