



## 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](mailto: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](mailto: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	Total Prior Billing Service <sup>1</sup>	Amount Due This Invoice
	<b>Contract Amount:</b>			(includes Amount due this invoice)		
	<b>Services Breakdown:</b>					
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
	<b>Totals</b>					
					<b>Total Due This Invoice:</b>	

<sup>1</sup>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)