

**Company Name:** ① ABC Company, Inc

**Federal ID#:** ② 12-65465879

**Remittance Address:** ③ 5646 University Way  
San Diego, CA 96548-6548

**Contact Name:** ④ Billings Person

**Contact Phone #:** ⑤ 619-654-6846

**UCSD Agreement #:** ⑩ ABC-15-3

**Contact Email:** ⑥ billingsperson@ABCCompany.com

**Invoice #:** ⑦ INV123456

**Authorization #:** ⑪ ABC-15-3.1

**Invoice Date:** ⑧ 3/12/16

**UCSD Project:** ⑫ 4896 Muir Biology Third Floor  
Renovation (954898)

**Period To:** ⑨ 2/28/16

⑬ Please check if any of the following has changed (more than one box may be checked).

Address Change

Name Change

Federal ID Change

⑭ SERVICES	AMOUNT
ORIGINAL AUTHORIZED AGREEMENT (W/O REIMB):	\$5,000.00
TOTAL AUTHORIZED CHANGES (if applicable)	\$75.00
TOTAL AUTHORIZED SERVICES:	\$5,075.00
TOTAL PREVIOUSLY BILLED:	\$2,000.00
<b>TOTAL SERVICES THIS INVOICE:</b>	<b>\$500.00</b>
BILLED TO DATE (INCLUDING THIS BILLING):	\$2,500.00
⑮ REIMBURSABLES	AMOUNT
ORIGINAL AUTHORIZED AGREEMENT:	\$500.00
TOTAL AUTHORIZED CHANGES (if applicable):	\$50.00
TOTAL AUTHORIZED REIMBURSABLES:	\$ 550.00
TOTAL PREVIOUSLY BILLED:	\$200.00
<b>TOTAL REIMBURSABLES THIS INVOICE</b>	<b>\$300.00</b>
BILLED TO DATE (INCLUDE THIS BILLING):	\$ 500.00
<b>⑯ GRAND TOTAL (SERVICES + REIMBURSABLES):</b>	<b>\$ 800.00</b>

⑰ 100% PERCENTAGE OF WORK PERFORMED IN CALIFORNIA (typically 100%)

When complete, please email a copy of this form and your company invoice with breakdown of services as one PDF file (CPM form must be page 1) to CPM-Fiscal@ucsd.edu.