

# CONSULTANT BILLING COVER FORM

North Dakota Department of Transportation, Environmental & Transportation Services  
SFN 58397 (9-2016)

Consultant Fill Out Section 1 and 2 and Attach to Bill

## Section 1

Bill Number (consecutive # beginning with #1)		Final Billing ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Number	Project Control Number (PCN)	Contract Date	Contract Cost
Consultant Name			
Address	City	State	ZIP Code

Cultural     Environmental

## Section 2

Work Completed to Date (Identify by Task and Brief Description)		
All Tasks Completed ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, what remains?		
Amount of Current Billing	Total Amount of Previous Billing	Total Billing to Date

## Section 3

Section Comments	
OK to Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section Signature	Date