

**CONSULTANT PAYMENT REQUEST FORM**

Prime Consultant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Period (From - To): \_\_\_\_\_

ACTA/ACTIA Project No.: \_\_\_\_\_  
 ACTA/ACTIA Agreement No.: \_\_\_\_\_  
 ACTA/ACTIA Contract No.: \_\_\_\_\_  
 ACTA/ACTIA Manager: \_\_\_\_\_

Invoice No.: \_\_\_\_\_  
 Date of Invoice: \_\_\_\_\_  
 Payment Request No.: \_\_\_\_\_

**CONSULTANT COSTS**

Description	Billed This Period	Previously Billed	TOTAL BILLED TO DATE
Consultant Charges			\$0.00
Direct Expenses			\$0.00
<b>TOTAL CONSULTANT COSTS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**TASK BREAKDOWN**

Task No. (Per Contract)	Task Description	Billed this Period	Previously Billed	TOTAL BILLED TO DATE
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
<b>TOTAL TASK BREAKDOWN COSTS:</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Project Manager's Assurance:**

I hereby certify that the information included in this Payment Request is true and accurate and that the claimed expenses have been paid as of the date of this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewer's Comments

**ACTIA USE ONLY**

Supporting documents reviewed and approved for payment

Signature \_\_\_\_\_ Date \_\_\_\_\_



