



**State of Oklahoma**  
**Office of Management and**  
**Enterprise Services**  
**Division of Capital Assets Management**  
**Construction and Properties**

**On-Call Consultant Invoice**

Submit original invoice to DCAM/CAP Project Manager  
 Submit copy to Using Agency  
 Help Tip! Always use the "Tab" key to advance to the next field.

**To: Construction and Properties Department**  
**Division of Capital Assets Management**  
**State Of Oklahoma**  
**P.O. Box 53448**  
**2401 N. Lincoln Suite 106**  
**Oklahoma City, OK. 73152-3448**

**From:**  
  
**Telephone #:**  
**FEI #:**

Project:

CAP #:  
 P.O. #:

Date:  
 Invoice #:

Dates Work  
 Performed:

Type Of Service	Time (Hours)	Hourly Rate	Amount Due This Invoice
<b>Project Fee Not To Exceed \$</b>			
<b>Reimbursable(s)</b>			
<b>Site Visit(s)</b>			
<b>Total</b>			<b>\$</b>
<b>Previous Invoice(s)</b>			
<b>Fee Remaining</b>			<b>\$</b>

**Approvals:**

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Consultant Representative

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



**State of Oklahoma  
Office of Management and Enterprise Services  
Division of Capital Assets Management  
Construction and Properties**

**Invoice Affidavit  
For Consultant Services**

STATE OF \_\_\_\_\_ ) Project Name: \_\_\_\_\_  
 ) ss  
 COUNTY OF \_\_\_\_\_ ) CAP Project #: \_\_\_\_\_

The undersigned Consultant states that this invoice is true and correct. Affiant further states that the services shown by this invoice have been completed in accordance with the Contract. Affiant further states that no payments of money or any other thing of value have been given directly or indirectly to any elected official, officer or employee of the State of Oklahoma to obtain payment of the invoice or to procure the contract or purchase order

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

Subscribed and sworn to before me by \_\_\_\_\_.

This \_\_\_\_\_ day of \_\_\_\_\_, **201** ,

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_