

HBITS FORM #8: MONTHLY REPORT

Contractor Name:	
Contract #:	
Billing Period:	
Contact Name:	

Please fill out the rows below. If you need to add rows, please feel free to do so. Please submit to the MSP at OGS. The following are set fourth for illustrative purposes only.

Executive Agency	Task Order #(s)	Consultant Name	Location	Service Group (1 or 2)	Job Title	Skill Level	Skill Demand	Total Hours Worked	Hourly Wage Rate	Mark-up	Hourly Bill Rate	Total
DEC	HBITS-01-00001	Jim Smith	Albany	1	Specialist	Senior	Normal	150.00	\$ 10.00	10%	\$ 11.00	\$ 1,650.00
DEC	HBITS-01-00002	John Doe	Buffalo	2	Technical Specialist 4							
Subtotal:											\$ 1,650.00	
OMH	HBITS-01-00011	John Smith	Long Island	1	Technical Artchitect	Expert	High	150.00	\$ 20.00	10%	\$ 22.00	\$ 3,300.00
Subtotal:											\$ 3,300.00	
DOH	HBITS-01-00066	Sue Frell	Albany	1	Project Manager	Senior	Normal	150.00	\$ 30.00	10%	\$ 33.00	\$ 4,950.00
Subtotal:											\$ 4,950.00	

Grand Total: \$ 9,900.00