Date

Public Housing Administration

P.O, Box 363188

San Juan, P.R. 00936-3188

### Supervision Invoice # *##*

For professional services rendered by ***Name of the Firm*** invoice # ***######*** at ***Public Housing Name*** Public Housing RQ # ***00####*** for the amount of $***###,###.##*** for the \_\_\_\_\_\_\_- \_\_\_\_\_\_\_ period.

Construction Phase: $***##,###.##*** ÷ \_\_\_ months = $***#,###.##*** / month

Previously Invoiced $***###,###.##***

This period $***###,###.##***

Balance Pending $***###,###.##***

Under pain of absolute nullity, I certify that no employee in the Public Housing Administration is part or have any interest in profits or benefits product of the contract subject of this invoice and be part or have interest in profits or benefits the contract product has mediated a previous waiver. The only consideration to supply the goods or services covered by the contract has been the payment agreed with the authorized representative of the Agency. The amount of this invoice is fair and right. The Services have been carried out, and have not been paid.

Form AVP-500707B

Rev. June 2017

Cordially,

Form AVP-500707B

Rev. June 2017

Form AVP-500713B

Rev. June 2017

Form AVP-500707B

Rev. June 2017

Print Name & Authorized Signature

Title

Form AVP-500713B

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