

GSC-34 (Rev. 7/99) Commonwealth of Pennsylvania Department of General Services 18 th & Herr Streets Harrisburg, PA 17125	INVOICE and BILLING for PROFESSIONALS and TESTING LABORATORIES	Project No. _____ Contract No. _____ Title _____ _____ Location _____ _____
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SECTION I

Testing Laboratory shall execute below in lieu of an invoice

Quantity of Tests	Date of Test	Materials Used and Methods Required	Test Report Number and Concrete Cylinder Identification	Unit Price	Extended Price
				Total (A)	

I certify the above tests were performed and the amounts are correct.

Name of Testing Laboratory

Signature/Title Testing Laboratory Officer

Date

SECTION II

ENDORSEMENT BY PROFESSIONAL

I certify the above Statement of Tests and the Professional's Fee are true and correct and the total shown below is due and payable for services rendered.

Name of Professional Firm

Professional Fee (B) = _____

Address of Professional Firm

Total Due (A + B) = _____

Signature/Title Professional Firm Officer

Date

SECTION III

ENDORSEMENT BY DEPARTMENT OF GENERAL SERVICES

The above statements are correct and the tests have been substantiated.

Construction Regional Director

Date

The above is/is not approved for payment.

Director of Construction

Date