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January 10, 2018

Cindy Kudrna
Finance Director
City of Hiawatha, Iowa

Re: Fee Statement – December 2017

Dear Ms. Kudrna:

Enclosed is a fee statement for services rendered through December 31, 2017. The items addressed include:

4089GEN-17:5 General Engineering Services - Streets ($1,035.00)

We prepared a concept plan for revisions to Edgewood Road, south of Blairs Ferry Road, to align with the proposed Edgewood Road extension to the north. We met with City staff and Cedar Rapids Engineering to discuss this concept and other possible alternatives to align through traffic. Based on that meeting, a different concept was proposed. Note that all time for the plan revisions will be billed to the developer and not the City. The fees on this invoice are only for the concept plan and meeting requested by the City of Hiawatha.

If you have any questions about this invoice or any of the items we have been working on, please don't hesitate to give me a call.

Sincerely,

Matt Johnson, P.E.

CIVIL ENGINEERING * LAND SURVEYING * LAND DEVELOPMENT PLANNING * LANDSCAPE ARCHITECTURE
1860 Boyson Road * Hiawatha, IA 52233 * Ph: 319.362.9548 * Fx: 319.362.7595
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Invoice

CINDY KUDRNA
CITY OF HIAWATHA, IOWA
CITY HALL
101 EMMONS ST.
HIAWATHA, IA 52233

Invoice Date: Dec 31, 2017
Invoice Num: 112857
Billing Through: Dec 31, 2017

HIAWATHA GENERAL SERVICES - STREETS (4089GEN-17:8) - Managed by (MATT JOHNSON)

Contract Type: Hourly

Services	Date	Hours	Rate	Amount
PROJECT ADMINISTRATION				
▶ PROJECT MANAGER III	12/5/2017	5.00	$138.00	$690.00
▶ PROJECT MANAGER III	12/6/2017	1.75	$138.00	$241.50
▶ PROJECT MANAGER III	12/7/2017	0.75	$138.00	$103.50
PROJECT ADMINISTRATION Total:		**7.50**		**$1,035.00**

Total Service Amount: **$1,035.00**

AMOUNT DUE THIS INVOICE: **$1,035.00**

This invoice is due upon receipt

Account Summary

Services BTD	Expenses BTD	Last Inv Num	Last Inv Date	Last Inv Amt	Last Pay Amt	Prev Unpaid Amt
$ 2,725.50	$ 287.16	112777	11/30/2017	$ 276.00	$ 240.75	$ 35.25

Total Amount Due Including This Invoice: **$1,070.25**

Credit Card Type(check one): ____ Visa ____ MasterCard
Credit Card Account #: _____
Credit Card V-Card # (back of card): _____
Credit Card Expiration Date): _____
Name as it Appears on Credit Card: _____
Payment Amount: $ (US Dollars): _____
Cardholder Signature: _____ Date: _____