INVOICES

- INVOICE GUIDELINES "ON-CALL" CONTRACTS
- PRIME CONSULTANT INVOICE (SAMPLE)
- SUB CONSULTANT INVOICE (SAMPLE)
- CONTRACT SUMMARY
- PROJECT PROGRESS REPORT
- DISADVANTAGED BUSINESS ENTERPRISES UTILIZATION REPORT (ADM-3069)
- TIMESHEET SAMPLE
- INVOICE DISPUTE (FA 0209A)
- PROMPT PAYMENT GUIDE
- PREAPPROVAL OVERTIME REQUEST
- FUND CHANGE REQUEST (FCR Form) (Use when applicable)

District 8, Consultant Services Unit
Invoice Guidelines "On Call" Contracts

1. All invoices should be on Consultant's letterhead for all pages with page numbers.

2. Consultant's address, phone number, and fax number should be preprinted on each invoice.

3. Identify Contract Number, Task Order Number, Task Order Period of Performance (POP), Task Order Amount, Invoice Number, Invoice Date, and Billing Period. (Update according to any amendments.)

4. Do not exceed the Task Order Amount.

5. Have a unique invoice number that follows a consecutive (sequential) numbering system for each Task Order.

6. Invoice Date: If a revision or a supplemental is necessary, the Invoice Date needs to be updated at the date of the revision.

7. The Billing Period should be within the Task Order Period of Performance.

8. Direct Labor Costs: All charges should have a sub-total by Project Number, Work Breakdown Structure (WBS) to the level as described on the Task Order Cost Proposal, Hours and Labor Cost.

9. Each invoice should include a breakdown of billing rates as listed in the task order cost proposal and hours worked for each staff member.

10. Other Direct Costs: If applicable, each invoice should include required documentation for other direct costs (ODC), such as Travel Expense Claims, receipts for supplies and or services.

11. Sub Consultant Costs: (Summary of Sub invoice)
Identify Name of Sub Consultant, DBE/DVBE/SBE Certification (if applicable), Invoice Number, Project Number, Work Breakdown Structure (WBS) to the level as described on the Task Order Cost Proposal, Hours, Labor plus ODC.

12. Project Summary (Prime + Subs):
Identify by project the EA Number, Project Number, Work Breakdown Structure (WBS) to the level as described on the Task Order Cost Proposal, Hours, Labor, ODC and total Labor and ODC.

13. Approval Signatures: Invoices should be signed by the Consultant's Contract Manager, attesting to the invoice accuracy, and approving all costs billed.

14. Sub Consultant Invoices: (See sub invoice sample)
When billing for Sub Consultant the invoice format must be the same as the Prime Consultant's invoice format and must be signed by the Sub-consultant's Contract Manager and approved by the Prime Consultant's Contract Manager.

Additional things to remember:

- Do not reformat the invoice.
- Invoice separately for each task order.
- The font size on the invoice should be no smaller than Arial / 12 Pt.
- Contract Summary Report: Two copies must be submitted with each invoice package.
- Project Progress Report: Two copies must be submitted with each invoice package.
- Invoice packages must be mailed or hand delivered and should include an original invoice plus two copies and one set of back-up. Preferably submitted on or about the same time every month, and addressed to the Contract Manager.
- Submittal of complete invoice packages should follow the Budget Detail and Payment Provisions section of your contract: "Invoices shall be submitted no later than 45 calendar days after completion of each billing period."
- "Notes:" This section is for your use. Feel free to comment on any changes, additions, or explanations.

PRIME CONSULTANT LETTERHEAD (Company Name, Address, Phone No. & Fax No.)

REVISED: 4/30/14

1 → Page 1 of X

Attn: (Contract Manager) 2
State of California
Department of Transportation
District X
(District Address)

Contract No.:
Task Order No.:
Task Order Period of Performance:
Task Order Amount: 4
Invoice No: 5
Invoice Date: 6
Billing Period (Begin Date and End Date) : 7
Consultant Project/Job/Reference No.:

3

Prime Consultant Costs:

Direct Labor Costs:

(Attach Time Sheets and Overtime Pre-Approval)

Employee Name	Classification	Regular / OT	Project No.	WBS	Billing Rate	Hours	Labor Cost
A	Project Manager	Regular	08000000043	100.00	$220.00	1	$220.00
SUB-TOTAL 8			**08000000043**	**100.00**		9 **1**	**$220.00**
A	Project Manager	Regular	08000000043	270.00	$220.00	1	$220.00
B	ARE/Construction Inspector	Regular	08000000043	270.00	$138.00	40	$5,520.00
C	Office Engineer	Regular	08000000043	270.00	$125.00	30	$3,750.00
SUB-TOTAL			**08000000043**	**270.00**		**71**	**$9,490.00**
A	Project Manager	Regular	08000007043	270.00	$220.00	1	$220.00
B	ARE/Construction Inspector	Regular	08000007043	270.00	$138.00	40	$5,520.00
C	Office Engineer	Regular	08000007043	270.00	$125.00	30	$3,750.00
SUB-TOTAL			**08000007043**	**270.00**		**71**	**$9,490.00**
					Total Prime Consultant Direct Labor Cost :	**143**	**$19,200.00**

Other Direct Costs:

(See Notes Below)

Name / In House / Vendor	Description	Invoice / Ref No	Project No.	WBS	Unit Price	No. of Units	ODC
B 10	Per Diem for Field Crew	Jul-12	08000000043	270.00	$200.00	1	$200.00
SUB-TOTAL			**08000000043**	**270.00**		**1**	**$200.00**
					Total Prime Consultant Other Direct Cost:		**$200.00**

Notes:

Total Prime Consultant Cost: **$19,400.00**

Sub-Consultant Costs:

(Attach Detail Sub Consultant Invoices in the same format as this Invoice)

Name of Sub-Consultant 11	DBE/DVBE/SBE	Invoice No	Project No.	WBS	Hours	Labor + ODC
ABC Consulting	SBE	12345	08000000043	100.00	1	$220.00
SUB-TOTAL			**08000000043**	**100.00**	**1**	**$220.00**
ABC Consulting	SBE	12345	08000000043	270.00	40	$5,380.00
SUB-TOTAL			**08000000043**	**270.00**	**40**	**$5,380.00**
123 Engineering	DVBE	54321	08000007043	270.00	20	$2,500.00
SUB-TOTAL			**08000007043**	**270.00**	**20**	**$2,500.00**
				Total Sub Consultant Costs:	**61**	**$8,100.00**

	Total Hours	Total Amount
Grand Total (Prime + Subs):	**204**	**$27,500.00**

Project Summary (Prime + Subs):

12 →

EA No.	Project No.	WBS	Hours	Labor	ODC	Labor + ODC
007173	08000000043	100.00	2	$440.00	$0.00	$440.00
SUB-TOTAL	**08000000043**	**100.00**	**2**	**$440.00**	**$0.00**	**$440.00**
007173	08000000043	270.00	111	$14,770.00	$300.00	$15,070.00
SUB-TOTAL	**08000000043**	**270.00**	**111**	**$14,770.00**	**$300.00**	**$15,070.00**
4440U3	08000007043	270.00	91	$11,990.00	$0.00	$11,990.00
SUB-TOTAL	**08000007043**	**270.00**	**91**	**$11,990.00**	**$0.00**	**$11,990.00**
		Total:	**204**	**$27,200.00**	**$300.00**	**$27,500.00**

Approval Signatures:

I the undersigned hereby certify that I have examined the charges contained in this invoice and that they are true and correct to the best of my knowledge.

13 ←

(Printed Name Here) Date
Consultant Contract Manager

APPROVED FOR PAYMENT

(Printed Name Here) Date
Caltrans Contract Manager

PRIME CONSULTANT LETTERHEAD (Company Name, Address, Phone No. & Fax No.)

REVISED: 4/30/14

Attn: (Contract Manager)
State of California
Department of Transportation
District X
strict Address)

Contract No.:
Task Order No.:
Task Order Period of Performance:
Task Order Amount:
Invoice No:
Invoice Date:
Billing Period (Begin Date and End Date) :
Consultant Project/Job/Reference No.:

Prime Consultant Costs:

Direct Labor Costs:

(Attach Time Sheets and Overtime Pre-Approval)

Employee Name	Classification	Regular / OT	Project No.	WBS	Billing Rate	Hours	Labor Cost
A	Project Manager	Regular	08000000043	100.00	$220.00	1	$220.00
SUB-TOTAL			**08000000043**	**100.00**		**1**	**$220.00**
A	Project Manager	Regular	08000000043	270.00	$220.00	1	$220.00
B	ARE/Construction Inspector	Regular	08000000043	270.00	$138.00	40	$5,520.00
C	Office Engineer	Regular	08000000043	270.00	$125.00	30	$3,750.00
SUB-TOTAL			**08000000043**	**270.00**		**71**	**$9,490.00**
A	Project Manager	Regular	08000007043	270.00	$220.00	1	$220.00
B	ARE/Construction Inspector	Regular	08000007043	270.00	$138.00	40	$5,520.00
C	Office Engineer	Regular	08000007043	270.00	$125.00	30	$3,750.00
SUB-TOTAL			**08000007043**	**270.00**		**71**	**$9,490.00**
					Total Prime Consultant Direct Labor Cost :	**143**	**$19,200.00**

Other Direct Costs:

(See Notes Below)

Name / In House / Vendor	Description	Invoice / Ref No	Project No.	WBS	Unit Price	No. of Units	ODC
B	Per Diem for Field Crew	Jul-12	08000000043	270.00	$200.00	1	$200.00
SUB-TOTAL			**08000000043**	**270.00**		**1**	**$200.00**
					Total Prime Consultant Other Direct Cost:		**$200.00**

Notes:

Total Prime Consultant Cost: **$19,400.00**

Sub-Consultant Costs:

(Attach Detail Sub Consultant Invoices in the same format as this Invoice)

Name of Sub-Consultant	DBE/DVBE/SBE	Invoice No	Project No.	WBS	Hours	Labor + ODC
ABC Consulting	SBE	12345	08000000043	100.00	1	$220.00
SUB-TOTAL			**08000000043**	**100.00**	**1**	**$220.00**
ABC Consulting	SBE	12345	08000000043	270.00	40	$5,380.00
SUB-TOTAL			**08000000043**	**270.00**	**40**	**$5,380.00**
123 Engineering	DVBE	54321	08000007043	270.00	20	$2,500.00
SUB-TOTAL			**08000007043**	**270.00**	**20**	**$2,500.00**
				Total Sub Consultant Costs:	**61**	**$8,100.00**

	Total Hours	Total Amount
Grand Total (Prime + Subs):	**204**	**$27,500.00**

Project Summary (Prime + Subs):

EA No.	Project No.	WBS	Hours	Labor	ODC	Labor + ODC
007173	08000000043	100.00	2	$440.00	$0.00	$440.00
SUB-TOTAL	**08000000043**	**100.00**	**2**	**$440.00**	**$0.00**	**$440.00**
007173	08000000043	270.00	111	$14,770.00	$300.00	$15,070.00
SUB-TOTAL	**08000000043**	**270.00**	**111**	**$14,770.00**	**$300.00**	**$15,070.00**
4440U3	08000007043	270.00	91	$11,990.00	$0.00	$11,990.00
SUB-TOTAL	**08000007043**	**270.00**	**91**	**$11,990.00**	**$0.00**	**$11,990.00**
		Total:	**204**	**$27,200.00**	**$300.00**	**$27,500.00**

proval Signatures:

I the undersigned hereby certify that I have examined the charges contained in this invoice and that they are true and correct to the best of my knowledge.

(Printed Name Here) **Date**
Consultant Contract Manager

APPROVED FOR PAYMENT

(Printed Name Here) **Date**
Caltrans Contract Manager

SUB CONSULTANT LETTERHEAD (Company Name, Address, Phone No. & Fax No.)

REVISED: 4/30/14

1 → Page 1 of X

2

Attn: (Prime Consultant Contract Manager)
Prime Consultant's Name
Address

Contract No.:
Task Order No.:
Task Order Period of Performance:
Task Order Amount: 4
Invoice No: 5
Invoice Date: 6
Billing Period (Begin Date and End Date) : 7
Consultant Project/Job/Reference No.:

3

Sub-Consultant Costs:

Direct Labor Costs:
(Attach Time Sheets and Overtime Pre-Approval)

Employee Name	Classification	Regular / OT	Project No.	WBS	Billing Rate	Hours	Labor Cost
A	Project Manager	Regular	08000000043	100.00	$220.00	1	$220.00
SUB-TOTAL	8		**08000000043**	**100.00**		9 **1**	**$220.00**
B	ARE/Construction Inspector	Regular	08000000043	270.00	$132.00	20	$2,640.00
C	ARE/Construction Inspector	Regular	08000000043	270.00	$132.00	20	$2,640.00
SUB-TOTAL			**08000000043**	**270.00**		**40**	**$5,280.00**
					Total Prime Consultant Direct Labor Cost :	**41**	**$5,500.00**

Other Direct Costs:
(See Notes Below)

Name / In House / Vendor	Description	Invoice / Ref No	Project No.	WBS	Unit Price	No. of Units	ODC
A 10	Per Diem for Field Crew	Jul-12	08000000043	270.00	$50.00	1	$50.00
B	Per Diem for Field Crew	Jul-12	08000000043	270.00	$50.00	1	$50.00
SUB-TOTAL			**08000000043**	**270.00**		**1**	**$100.00**
					Total Prime Consultant Other Direct Cost:		**$100.00**

Notes:

Sub-Consultant Cost: **$5,600.00**

	Total Hours	Total Amount
Grand Total:	**41**	**$5,600.00**

Project Summary:

12

EA No.	Project No.	WBS	Hours	Labor	ODC	Labor + ODC
007173	08000000043	100.00	1	$220.00	$0.00	$220.00
SUB-TOTAL	**08000000043**	**100.00**	**1**	**$220.00**	**$0.00**	**$220.00**
007173	08000000043	270.00	40	$5,280.00	$100.00	$5,380.00
SUB-TOTAL	**08000000043**	**270.00**	**40**	**$5,280.00**	**$100.00**	**$5,380.00**
		Total:	**56**	**$5,500.00**	**$100.00**	**$5,600.00**

Approval Signatures:

I the undersigned hereby certify that I have examined the charges contained in this invoice and that they are true and correct to the best of my knowledge.

14

(Printed Name Here) **Date**
Sub-Consultant Contract Manager

APPROVED FOR PAYMENT

14

(Printed Name Here) **Date**
Prime Consultant Contract Manager

SUB CONSULTANT LETTERHEAD (Company Name, Address, Phone No. & Fax No.)

REVISED: 4/30/14

Attn: (Prime Consultant Contract Manager)
Prime Consultant's Name
Address

Contract No.:
Task Order No.:
Task Order Period of Performance:
Task Order Amount:
Invoice No:
Invoice Date:
Billing Period (Begin Date and End Date) :
Consultant Project/Job/Reference No.:

Sub-Consultant Costs:

Direct Labor Costs:

(Attach Time Sheets and Overtime Pre-Approval)

Employee Name	Classification	Regular / OT	Project No.	WBS	Billing Rate	Hours	Labor Cost
A	Project Manager	Regular	08000000043	100.00	$220.00	1	$220.00
SUB-TOTAL			**08000000043**	**100.00**		**1**	**$220.00**
B	ARE/Construction Inspector	Regular	08000000043	270.00	$132.00	20	$2,640.00
C	ARE/Construction Inspector	Regular	08000000043	270.00	$132.00	20	$2,640.00
SUB-TOTAL			**08000000043**	**270.00**		**40**	**$5,280.00**
			Total Prime Consultant Direct Labor Cost :			**41**	**$5,500.00**

Other Direct Costs:

(See Notes Below)

Name / In House / Vendor	Description	Invoice / Ref No	Project No.	WBS	Unit Price	No. of Units	ODC
A	Per Diem for Field Crew	Jul-12	08000000043	270.00	$50.00	1	$50.00
B	Per Diem for Field Crew	Jul-12	08000000043	270.00	$50.00	1	$50.00
SUB-TOTAL			**08000000043**	**270.00**		**1**	**$100.00**
					Total Prime Consultant Other Direct Cost:		**$100.00**

Notes:

Sub-Consultant Cost: **$5,600.00**

	Total Hours	Total Amount
Grand Total:	**41**	**$5,600.00**

Project Summary:

EA No.	Project No.	WBS	Hours	Labor	ODC	Labor + ODC
007173	08000000043	100.00	1	$220.00	$0.00	$220.00
SUB-TOTAL	**08000000043**	**100.00**	**1**	**$220.00**	**$0.00**	**$220.00**
007173	08000000043	270.00	40	$5,280.00	$100.00	$5,380.00
SUB-TOTAL	**08000000043**	**270.00**	**40**	**$5,280.00**	**$100.00**	**$5,380.00**
		Total:	**56**	**$5,500.00**	**$100.00**	**$5,600.00**

Approval Signatures:

I the undersigned hereby certify that I have examined the charges contained in this invoice and that they are true and correct to the best of my knowledge.

(Printed Name Here) **Date**
Sub-Consultant Contract Manager

APPROVED FOR PAYMENT

(Printed Name Here) **Date**
Prime Consultant Contract Manager

CONTRACT SUMMARY

Date: 1/1/2002

Contract Number: 08A0XXX
Description of Contract: On Call Construction Inspection
Period of Performance: 1/1/2002 to 1/1/2005
Consultant: XYZ Engineering

Contract Total Amount	Contract Total Billings to Date	Contract Total Remaining
$ 1,000,000.00	$ 200,000.00	$ 800,000.00

	Total Contract Amount	Contract Goal	Percent Usage
DBE	$ 100,000.00	17%	10%
DVBE			
SBE			

Task Order	Begin Date	End Date	Total Amount	Total Previous Billings	Current Billing	Total Billings to Date	Remaining Amount
1	1/1/2002	1/1/2003	$ 300,000.00	$ 40,000.00	$ 10,000.00	$ 50,000.00	$ 250,000.00
2	1/1/2002	1/1/2003	$ 100,000.00	$ 38,000.00	$ 2,000.00	$ 40,000.00	$ 60,000.00
3	1/1/2002	1/1/2003	$ 50,000.00	$ 10,000.00	$ 40,000.00	$ 50,000.00	$ -
4	1/1/2002	1/1/2003	$ 100,000.00	$ 10,000.00	$ 50,000.00	$ 60,000.00	$ 40,000.00
			$ 550,000.00	**$ 98,000.00**	**$ 102,000.00**	**$ 200,000.00**	**$ 350,000.00**

REVISED: 4/30/14

PROJECT PROGRESS REPORT

TO: Chee Ong / CT-08

COPIES TO:

FROM:

DATE: June 30, 2010

CONTRACT NO:

PROJECT NO:

PROJECT:

PROGRESS PERIOD:

Progress has taken place for the reporting period as summarized below. Please request from the author any clarification desired.

PROGRESS DURING THIS PERIOD

Task Order #1 (PN 08-0000-0004-3): Work on this task order continued. We attended constructibility review meeting on 3/5/03. We prepared responses to review comments during the month.

Activity Code	Task Description	Estimated Percent Complete
100	Perform Project Management	60%
185	Perform Base Maps and Plan Sheets	90%
230	Prepare Draft PS&E	35%
255	Circulate, Review, and Prepare Final District Package	0%

Note: Please submit two Project Progress Report per Task Order.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DISADVANTAGED BUSINESS ENTERPRISES UTILIZATION REPORT

ADM-3069 (NEW 06/2011)

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

CONTRACT NUMBER	INVOICE NUMBER	TASK ORDER NUMBER (if applicable)	ADMINISTERING AGENCY Department of Transportation Division of Procurement and Contracts	CONTRACT START DATE	CONTRACT COMPLETION DATE

PRIME CONTRACTOR NAME (PRINT)	BUSINESS ADDRESS	TOTAL CONTRACT AMOUNT: $
PRIME CONTRACTOR REPRESENTATIVE NAME (PRINT)		**Contract Manager Must Complete This Section:** Total Federal Share Amount: $ **OR** %

ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIEL PROVIDED	COMPANY NAME AND BUSINESS ADDRESS	DBE CERTIFICATION NUMBER	GENDER	OWNERSHIP CODES(S)	CONTRACT PAYMENTS		DATE WORK COMPLETE	PAYMENT DATE
						NON-DBE	DBE		
						$	$		
						$	$		
						$	$		
						$	$		
						$	$		
						$	$		
						$	$		
					TOTAL	$	$		

ORIGINAL COMMITMENT

$ OR % UDBE

$ OR % DBE

OWNERSHIP CODES:

1= Black American
2= Hispanic American
3= Native American
4= Asian Pacific American
5= Subcontinent Asian American
6= Caucasian
7= Woman
8= Other
9= Not Applicable

Comments

List all Subcontractors and Disadvantaged Business Enterprises (DBEs) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time of award, provide comments. List actual amount paid to each entity.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE	BUSINESS PHONE NUMBER	DATE

TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACT MANAGER'S SIGNATURE	BUSINESS PHONE NUMBER	DATE

COPY DISTRIBUTION (Required):

(1) Original: Contract Manager

(2) Copy: Office of Business and Economic Opportunity, Email: to smallbusinessadvocate@dot.ca.gov or FAX to 916-324-1949

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DISADVANTAGED BUSINESS ENTERPRISES UTILIZATION REPORT

ADM-3069 (NEW 06/2011)

Contractor Instructions:
This form must be completed and submitted to the Caltrans Contract Manager with each invoice. Enter the Contract Number, Invoice Number, Task Order Number (if applicable), Contract Start Date, Completion Date (Expiration Date), Prime Contractor Name, Prime Contractor Business Address, Total Contract Amount (as written on the STD. 213).

This form has two columns for entering the dollar value for the item(s) of work performed or provided by the firm. The Non-DBE column is used to enter the dollar value of work performed by subcontracting firms who are not certified DBE. The DBE column is used to enter the dollar value of work performed only by certified DBE firms.

DBE prime contractors are required to show the corresponding dollar value of work performed by their own forces.

To confirm the certification status of a DBE, access the Department of Transportation, Office of Business and Economic Opportunity website at http://www.dot.ca.gov/hq/bep/find_certified.htm or call toll free (866) 810-6346 or (916) 324-1700.

If a contractor performing work as a DBE becomes decertified and still performs work after the decertification date, enter the total value performed by this contractor in the DBE column for the certification period and the remaining work or services (after decertification) in the Non-DBE column. If a subcontractor performing work as a non-DBE on the project becomes certified as a DBE, enter the dollar value of all work performed after certification as a DBE in the appropriate column.

Date Work Complete Column: Enter the date the work and/or Task order was completed for the respective pay period.
Date of Payment column: Enter the date when the prime contractor made the payment to the firm for the portion of work listed as being completed. DBE prime contractors are required to show the date of work performed by their own forces.

Contractor's Signature: Contractor certifies that the information on the ADM-3069 is complete and correct.

Contract Manager's Instructions:
Review the form as submitted by the Contractor to ensure the form is complete and accurate. Once you receive the ADM-3069 from the Contractor, enter the total (or percent) of **Federal (only) dollars** (being used in the Agreement) on the form, then sign, date, and Email to smallbusinessadvocate@dot.ca.gov or FAX to 916-324-1949.

TIMESHEET SAMPLE

REVISED: 6/30/10

CONSULTANT:
CONTRACT NO.:
BILLING PERIOD:
DATE:
PROJECT MANAGER NAME:

EMPLOYEE NAME:

EMPLOYEE SIGNATURE: DATE:

PROJECT MANAGER SIGNATURE: DATE:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	WBS	PROJ.#	TO#	TOTAL	PN	INVOICE #
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I do hereby certify under penalty of perjury:

1) That I pay or supervise payment to the above named employee, on the above referenced contract. All persons employed on said project for the above referenced time period have been paid their full wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said consultant from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissable deductions.
2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete.
3) That fringe benefits as listed in the contract: a) Have been or will be paid to the approved plan(s), fund(s), or program(s) for the benefit of listed employee, and b) have been paid directly to the listed employee.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

INVOICE DISPUTE AND RETURNED STOCK NOTIFICATION

FA-0209A (NEW 6/2000)

1. VENDOR ADDRESS

2.
DATE

INVOICE NUMBER

AMOUNT

DATE RECEIVED

CONTRACT/PO NUMBER

3. INVOICE DISPUTE >>>>>>>>>>>>>> The invoice is disputed for the following reasons:

- ☐ GOODS/SERVICES NOT RECIEVED
- ☐ DUPLICATE BILLING
- ☐ NONCOMPLIANCE WITH CONTRACT
- ☐ DAMAGED GOODS
- ☐ INCORRECT BILLING
- ☐ OTHER _____

4. RETURNED STOCK >>>>>>>>>>>>>> The following goods are being returned:

DESCRIPTION	QUANTITY	PRICE	AMOUNT	REASON FOR RETURN

ACTION NEEDED:

- ☐ MATERIAL TO BE REPLACED
- ☐ CANCEL RETURNED ITEMS FROM PURCHASE ORDER
- ☐ CORRECTED INVOICE REQUIRED FROM VENDOR
- ☐ VENDOR TO ISSUE CREDIT MEMO

I hereby certify this Returned stock applies to the original Contract/PO referred to above.

REQUESTOR/RECEIVER SIGNATURE

Return to the above is approved

AUTHORIZED SIGNATURE

5. THIS NOTIFICATION IS A FOLLOW-UP TO A PHONE CONVERSATION WITH THE PERSON FROM YOUR COMPANY WHOSE NAME APPEARS BELOW:

PHONE

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTIFICATION, CONTACT

PHONE

NAME

DATE DISPUTE RESOLVED

RESOLUTION

INITIALS

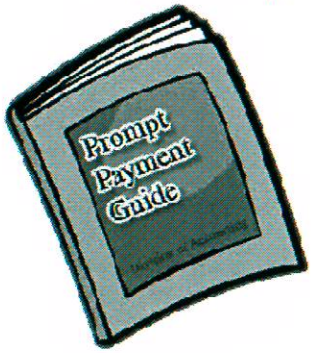
ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

The Prompt Payment Guide can be found at . . . .

http://onramp.dot.ca.gov/hq/accounting/PromptPayment/index.htm

Click on Quick Links – Prompt Payment Act

Prompt Payment Guide



Welcome!

Welcome to the Prompt Payment Guide developed by the Division of Accounting (DofA), Office of External Accounts Payable (OEAP) and Office of Travel and Local Assistance Accounts Payable (OTLA).

This guide was developed as a resource for Department of Transportation employees to be able to provide information regarding the California Prompt Payment Act (the Act.) Included in this guide are:

- prompt payment deadlines and penalties
- how to submit a complete payment package
- disputing invoices
- forms
- other payment information.

If you are unable to locate the information you need, please contact your liaison in either OEAP or OTLA.

ACCOUNTING BULLETIN

BULLETIN #: *AB 15 - 03*

ISSUE DATE: January 7, 2015
TERM DATES: January 7, 2015 - Until Rescinded

TO: All Caltrans Employees

SUBJECT: California Prompt Payment Act

PURPOSE: To remind the Department of the California Prompt Payment Act, date stamping properly submitted invoices, and disputing invoices.

BACKGROUND: The California Prompt Payment Act (Act) requires state agencies to pay the appropriate late payment penalties if departments fail to pay properly submitted, undisputed invoices within 45 calendar days of receipt of the invoice.

To meet the 45-day timeline, the District/Program, the Division of Accounting, and the State Controller's Office are allocated the following number of days to perform the necessary steps to issue the warrant to the vendor:

- **District/Program**: 15 Calendar Days to review the invoice, complete either the RC Document or Paper Receiver, and submit a properly completed invoice package consisting of the Invoice, RC Document or Paper Receiver, and other supporting documentation to the Division of Accounting.
- **Division of Accounting**: 15 Calendar Days to review the invoice package, record financial information into CGI Advantage, and submit a proper claim schedule to the State Controller's Office for payment.
- **State Controller's Office**: 15 Calendar Days to audit the claim schedule and issue a warrant to the vendor.

If the Department incurs interest penalties, the expenditures will be charged to the organization that did not meet the above timeline.

Date Stamping Invoices
All invoices are required to be date stamped or date of receipt written in ink on the front of the invoice by the district/program receiving the goods or services. This date must identify the first day of the Act's 45-day timeline, the day the Department first received the invoice, and the basis for determining interest penalties.

Invoice Dispute Notification
Districts/Programs having a conflict or dispute with a submitted invoice must immediately notify the vendor of the concern and follow up in writing via an Invoice Dispute Notification (STD.209) within 15 working days of invoice receipt. Invoices received prior to receipt of the goods ordered or services performed should be disputed.

The dispute notification will stop the interest penalty 45-day timeline. Districts and programs should work with the vendor to resolve disputes timely. The 45-day timeline will begin when the Department receives the corrected invoice.

To dispute an invoice, employees are encouraged to create an Invoice Dispute Notification (IDN) document in CGI Advantage as indicated in Accounting Bulletin 14-07 or manually complete IDN Form STD.209 accessible through the Caltrans Electronic Form System.

ACCOUNTING BULLETIN

BULLETIN #: ***AB 15 - 03***

Quick Reference Guide
The RC Document Quick Reference Guide (QRG) has been updated to clarify that the Received Date field on the RC Document should reflect the first day that the Department received the invoice. The QRG is available on the Advantage and InfoAdvantage Support Center websites.

References
Prompt Payment Act, Government Code 927 et seq.
State Contracting Manual, Volume 2, Chapter 9

CONTACT: Tiffany Tran at (916) 227-9102

This Accounting Bulletin has been approved for distribution by Clark Paulsen, Division Chief.

REVISED: 4/30/14

PRE-APPROVAL OVERTIME REQUEST

Consultant' Name	Contract No.	Task Order No.
Project	PN: EA:	Overtime End Date

The following classifications include employees to be covered by this request.

CLASSIFICATION	EMPLOYEE NAME	NUMBER OF EMPLOYEES	ESTIMATED TOTAL HOURS
TOTALS			

Request authority to order overtime for the following reasons:

Description of work to be performed:

Evidence of work done that will be attached to this Form after completion:

( ) Sign in/out Logs	( ) Daily Diaries
( ) Overtime Logs	( ) Other:

REQUESTED BY:

Consultant Contract Manager Date

APPROVAL RECOMMENDED:

Task Manager /Task Coordinator Date

Contract Manager Date

( ) **APPROVED**

( ) **DENIED**

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DISADVANTAGED BUSINESS ENTERPRISES UTILIZATION REPORT

ADM-3069 (NEW 06/2011)

ADA Notice

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CONTRACT NUMBER	INVOICE NUMBER	TASK ORDER NUMBER (if applicable)	ADMINISTERING AGENCY	CONTRACT START DATE	CONTRACT COMPLETION DATE
			Department of Transportation Division of Procurement and Contracts		

PRIME CONTRACTOR NAME (PRINT)	BUSINESS ADDRESS	TOTAL CONTRACT AMOUNT: $
PRIME CONTRACTOR REPRESENTATIVE NAME (PRINT)		**Contract Manager Must Complete This Section:** Total Federal Share Amount: $ **OR** %

ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIEL PROVIDED	COMPANY NAME AND BUSINESS ADDRESS	DBE CERTIFICATION NUMBER	GENDER	OWNERSHIP CODES(S)	CONTRACT PAYMENTS		DATE WORK COMPLETE	PAYMENT DATE
						NON-DBE	DBE		
						$	$		
						$	$		
						$	$		
						$	$		
						$	$		
						$	$		
						$	$		
					TOTAL	$	$		

ORIGINAL COMMITMENT

$ OR % UDBE

$ OR % DBE

OWNERSHIP CODES:

1= Black American
2= Hispanic American
3= Native American
4= Asian Pacific American
5= Subcontinent Asian American
6= Caucasian
7= Woman
8= Other
9= Not Applicable

Comments

List all Subcontractors and Disadvantaged Business Enterprises (DBEs) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time of award, provide comments. List actual amount paid to each entity.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE	BUSINESS PHONE NUMBER	DATE

TO THE BEST OF MY INFORMATION AND BELIEF, THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACT MANAGER'S SIGNATURE	BUSINESS PHONE NUMBER	DATE

COPY DISTRIBUTION (Required):

(1) Original: Contract Manager

(2) Copy: Office of Business and Economic Opportunity, Email: to smallbusinessadvocate@dot.ca.gov or FAX to 916-324-1949

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DISADVANTAGED BUSINESS ENTERPRISES UTILIZATION REPORT

ADM-3069 (NEW 06/2011)

Contractor Instructions:
This form must be completed and submitted to the Caltrans Contract Manager with each invoice. Enter the Contract Number, Invoice Number, Task Order Number (if applicable), Contract Start Date, Completion Date (Expiration Date), Prime Contractor Name, Prime Contractor Business Address, Total Contract Amount (as written on the STD. 213).

This form has two columns for entering the dollar value for the item(s) of work performed or provided by the firm. The Non-DBE column is used to enter the dollar value of work performed by subcontracting firms who are not certified DBE. The DBE column is used to enter the dollar value of work performed only by certified DBE firms.

DBE prime contractors are required to show the corresponding dollar value of work performed by their own forces.

To confirm the certification status of a DBE, access the Department of Transportation, Office of Business and Economic Opportunity website at http://www.dot.ca.gov/hq/bep/find_certified.htm or call toll free (866) 810-6346 or (916) 324-1700.

If a contractor performing work as a DBE becomes decertified and still performs work after the decertification date, enter the total value performed by this contractor in the DBE column for the certification period and the remaining work or services (after decertification) in the Non-DBE column. If a subcontractor performing work as a non-DBE on the project becomes certified as a DBE, enter the dollar value of all work performed after certification as a DBE in the appropriate column.

Date Work Complete Column: Enter the date the work and/or Task order was completed for the respective pay period.
Date of Payment column: Enter the date when the prime contractor made the payment to the firm for the portion of work listed as being completed. DBE prime contractors are required to show the date of work performed by their own forces.

Contractor's Signature: Contractor certifies that the information on the ADM-3069 is complete and correct.

Contract Manager's Instructions:
Review the form as submitted by the Contractor to ensure the form is complete and accurate. Once you receive the ADM-3069 from the Contractor, enter the total (or percent) of **Federal (only) dollars** (being used in the Agreement) on the form, then sign, date, and Email to smallbusinessadvocate@dot.ca.gov or FAX to 916-324-1949.

FUND CHANGE REQUEST

Contract No. 08AXXXX - Task Order X

TRANSACTION: (CHECK ALL THAT APPLY)

- ☑ PN ADDITION
- ☑ PN TRANSFER
- ☐ PHASE CHANGE
- ☐ WBS CHANGE
- ☐ FY CHANGE
- ☑ FUND DISTRIBUTION
- ☐ OTHER: _____

SUBMITTAL DATE: XX/XX/XX

X _____
Consultant Contract Manager / Date

X _____
Caltrans Task Manager / Date

X _____
Caltrans Contract Manager / Date

FUND DEDUCTION:

EA	PN	Phase	WBS	Amount	FY	Project Manager	Description of Work	Reason for Transaction
08-44931	0800000715	3	270	$ 10,000.00	15	Jane Doe	ADD HOV LANE IN EACH DIRECTION	Phase Change

TOTAL TOTAL $ 10,000.00

FUND ADDITION:

EA	PN	Phase	WBS	Amount	FY	Project Manager	Description of Work	Reason for Transaction
08-0K280	0800000338	3	100	$ 5,000.00	15	John Smith	GRIND 45 MM AND OVERLAY 60 MM AC	Project Transfer
08-0F050	0800000110	3	270	$ 5,000.00	15	John Smith	INSTALL FOC, CCTV AND CMS	Project Addition

TOTAL TOTAL $ 10,000.00

Formally: Fund Adjustment Request

Revised: 03/10/15

Fund Change Request Instructions

1) The requestor is to complete the Fund Change Request and e-mail it PDF to the Caltrans Contract Manager and cc: the assigned Contract Analyst for processing and approval. **Note: Verify the project budget availability with the Project Manager prior to submitting the request.**

Required fields *

* Contract Number

* Task Order Number

* Submital Date

* Check applicable Transaction boxes

* Fund Deduction Section

* Fund Addition Section

* Fund Deduction and Addition Totals should be the same

* Sign and Date FAR Form

2) The assigned analyst will verify the project(s) validity, and fund availability within the current A&E division allocation.

3) The assigned analyst will e-mail verified findings to the Caltrans Contract Manager who will obtain remaining required approval signatures.

4) Once approval signatures are obtained, the requestor will be provided with a copy of the approved Fund Change Request form and *revised* Task Order Attachment A. At this time, the Consultant may proceed to work within their revised project allocations.