

# 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

**District 8, Consultant Services Unit**  
**Invoice Guidelines “On Call” Contracts**

1. Invoice 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 the invoices.
3. Identify Contract Number, Task Order Number, Project Number/EA Number, and Billing Period. (See attached sample.)
4. The Billing Period should be within the Contract’s Period of Performance.
5. All charges billed should be incurred within the Billing Period.
6. All charges should be classified by Project Number/EA Number, Work Breakdown Structure (WBS) and should match the Cost Proposal.
7. Invoice separately for each task order.
8. Have a unique invoice number that follows a consecutive (sequential) numbering system for each contract.
9. Invoices should be signed by the Consultant’s Project Manager, attesting to the invoice accuracy, and approving all costs billed. Sub Consultant’s invoices, if included, must be signed by the Sub-consultant’s Project Manager and approved by the Prime Consultant’s Project Manager. Sub Consultant’s invoice format must be the same as the Prime Consultant’s invoice format.
10. Include required documentation for reimbursable other direct costs, such as Travel Expense Claims and/or receipts for supplies.
11. Include a breakdown of hours worked and wage rates as listed in the cost proposal for each staff member. (Attach Timesheets.)
12. Invoice hard copies should be submitted by mail in triplicate (original plus two copies and one set of back-up) once a month addressed to the Contract Manager preferably on or before the 10<sup>th</sup> of the following month.
13. A Contract Summary (as per attached sample) should be submitted together with each invoice.
14. A Project Progress Report (as per attached sample) should be submitted together with each invoice.

Note: The font size of the print should be Arial / 12 Pt.

Attn: (Contract Manager)  
 State of California  
 Department of Transportation  
 District X  
 (District 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
<b>SUB-TOTAL</b>			<b>08000000043</b>	<b>100.00</b>		<b>1</b>	<b>\$220.00</b>
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
<b>SUB-TOTAL</b>			<b>08000000043</b>	<b>270.00</b>		<b>71</b>	<b>\$9,490.00</b>
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
<b>SUB-TOTAL</b>			<b>08000007043</b>	<b>270.00</b>		<b>71</b>	<b>\$9,490.00</b>
<b>Total Prime Consultant Direct Labor Cost :</b>						<b>143</b>	<b>\$19,200.00</b>

**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
<b>SUB-TOTAL</b>			<b>08000000043</b>	<b>270.00</b>		<b>1</b>	<b>\$200.00</b>
<b>Total Prime Consultant Other Direct Cost:</b>							<b>\$200.00</b>

**Notes:**  
 1. For Travel Cost, Show Name of Employee, Attach Approved Travel Requist Form and Travel Expense Claim Form  
 For Vendors, show invoice number and attach receipts / invoices

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

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
<b>SUB-TOTAL</b>			<b>08000000043</b>	<b>100.00</b>	<b>2</b>	<b>\$440.00</b>
007173	08000000043	270.00	111	\$14,770.00	\$300.00	\$15,070.00
<b>SUB-TOTAL</b>			<b>08000000043</b>	<b>270.00</b>	<b>111</b>	<b>\$15,070.00</b>
4440U3	08000007043	270.00	91	\$11,990.00	\$0.00	\$11,990.00
<b>SUB-TOTAL</b>			<b>08000007043</b>	<b>270.00</b>	<b>91</b>	<b>\$11,990.00</b>
<b>Total:</b>			<b>204</b>	<b>\$27,200.00</b>	<b>\$300.00</b>	<b>\$27,500.00</b>

**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)  
**Consultant Project Manager**

\_\_\_\_\_  
 Date

**APPROVED FOR PAYMENT**

\_\_\_\_\_  
 (Printed Name Here)  
**Caltrans Contract Manager**

\_\_\_\_\_  
 Date

Attn: Prime Consultant's Project 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
<b>SUB-TOTAL</b>			<b>08000000043</b>	<b>100.00</b>		<b>1</b>	<b>\$220.00</b>
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
<b>SUB-TOTAL</b>			<b>08000000043</b>	<b>270.00</b>		<b>40</b>	<b>\$5,280.00</b>
<b>Total Prime Consultant Direct Labor Cost :</b>						<b>41</b>	<b>\$5,500.00</b>

**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
<b>SUB-TOTAL</b>			<b>08000000043</b>	<b>270.00</b>		<b>1</b>	<b>\$100.00</b>
<b>Total Prime Consultant Other Direct Cost:</b>							<b>\$100.00</b>

**Notes:**

- For Travel Cost, Show Name of Employee, Attach Approved Travel Request Form and Travel Expense Claim Form
- For Vendors, show invoice number and attach receipts / invoices

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

	Total Hours	Total Amount
<b>Grand Total:</b>	<b>41</b>	<b>\$5,600.00</b>

**Project Summary ( Prime + Subs ):**

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

**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)  
**Sub-Consultant Project Manager**

\_\_\_\_\_  
 Date

**APPROVED FOR PAYMENT**

\_\_\_\_\_  
 (Printed Name Here)  
**Prime Consultant Project Manager**

\_\_\_\_\_  
 Date

**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

<u>Contract Total Amount</u>	<u>Contract Total Billings to Date</u>	<u>Contract Total Remaining</u>
\$ 1,000,000.00	\$ 200,000.00	\$ 800,000.00

	<u>Total Contract Amount</u>	<u>Contract Goal</u>	<u>Percent Usage</u>
DBE	\$ 100,000.00	17%	10%
DVBE			
SBE			

<u>Task Order</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Total Amount</u>	<u>Total Previous Billings</u>	<u>Current Billing</u>	<u>Total Billings to Date</u>	<u>Remaining Amount</u>
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
			<b>\$ 550,000.00</b>	<b>\$ 98,000.00</b>	<b>\$ 102,000.00</b>	<b>\$ 200,000.00</b>	<b>\$ 350,000.00</b>

## PROJECT PROGRESS REPORT

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TO: Chee Ong / CT-08

COPIES TO:

FROM:

DATE: June 30, 2010

CONTRACT NO:

PROJECT NO:

PROJECT:

PROGRESS PERIOD:

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

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### 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.

<u>Activity Code</u>	<u>Task Description</u>	<u>Estimated Percent Complete</u>
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%

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





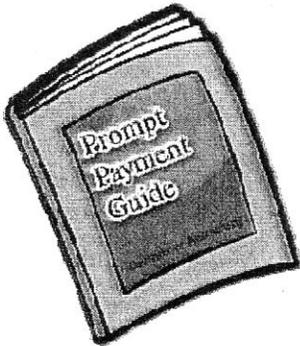


The Prompt Payment Guide can be found at . . . .

<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.

## 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
<b>TOTALS</b>			

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:

<input type="checkbox"/> Sign in/out Logs <input type="checkbox"/> Overtime Logs	<input type="checkbox"/> Daily Diaries <input type="checkbox"/> Other:
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REQUESTED BY:

\_\_\_\_\_  
Consultant Project Manager                      Date

APPROVAL RECOMMENDED:

\_\_\_\_\_  
Task Manager /Task Coordinator                      Date

\_\_\_\_\_  
Contract Manager    Date

**APPROVED**

**DENIED**