

Consultant Invoice Form – Instructions

INTRODUCTION:

As part of VDOT process improvements initiative, VDOT will be switching from documentation based invoice process to risk based review process supported by reliance on advance approvals, contract requirements, and random audits. Consistent with the Commissioner’s memorandum, the consultants are still required to maintain records supporting the charges contained in all invoices, i.e., timesheets, hotel receipt, travel expense receipts including documentation for non-salary direct cost etc... On a periodic basis, VDOT Project Manager will be required to request such supporting documentation to review for accuracy and completeness. The consultants are on notice that they will be required to submit the requested information to VDOT project manager within two business days (48 hours) of such request. VDOT PM will not process the invoice payment until required information will be submitted and found to be accurate and complete.

The following instructions are developed to assist user in its usage. The bulleted Letters below correspond to Letters (red font) on the attached Invoice Template document for reference.

Page 1: Invoice Cover Page

- A. Invoice cover page shall be on Consultant Letterhead
- B. Insert VDOT Addressee name and address
 - o District Contract Administrator for Term Contracts
 - o Project/Construction Manager on Project Specific Contracts
- C. Insert the Consultant’s Federal ID Number
- D. Insert the Consultant’s Point of Contact, firm name and billing address
- E. Insert the contract’s Maximum Payable Amount
 - o A Term Contract’s not to exceed amount or limiting fee will be presented
 - o A Project Specific’s not to exceed amount will be presented
- F. Insert Net Fee for Project Specific contract
- G. Insert Contingency Amounts for Project specific
- H. Insert the Invoice Date (date the invoice was submitted)
- I. Insert the Consultant’s Invoice Number
- J. Insert the Billing Period (from: month/day/year – to: month/day /year) for the Invoice
- K. Insert the VDOT Contract Number applicable to the invoice
- L. Insert the VDOT PO Number applicable to the contract
- M. Insert the VDOT Notice to Proceed Date applicable to the contract/task orders
- N. Insert the VDOT State Project Numbers applicable to the contract/task orders
- O. Insert the Federal Project ID applicable to VDOT State Project Numbers for the contract/task orders
- P. Insert the Total Billed to Date amount (cumulative total of all invoices to date-including the current invoice)
- Q. Insert the Total Previously Billed amount (cumulative total of invoices prior to the current invoice)
- R. Insert the Total This Invoice amount below the Total Previously Billed amount

For the large matrix in the lower half of the page titled Invoice Summary by Task Order/LOA contains the following information:

- S. Insert Task Order Number

- T. Insert the UPC Number Associated with the Task Order (**some task orders will contain multiple UPCs. If so, list the UPCs in rows added under the task order number**)
- U. Insert Previously Billed Hours per Task Order/UPC
- V. Insert Total Hours This Invoice per Task Order/UPC
- W. Insert Billed Hours to Date per Task Order/UPC
- X. Insert Authorized Amount for the Task Order/UPC
- Y. Insert Percent of Work Completed to date (for Lump Sum Contracts)
- Z. Insert Previously Billed Amount per Task Order/UPC
- AA. Insert Total This Invoice Billed Amount per Task Order/UPC
- BB. Insert Billed to Date Amount per Task Order/UPC
- CC. Insert Remaining Balance Amount per Task Order/UPC
- DD. Insert printed name of Consultant Official Representative
- EE. Insert signature of Consultant Official Representative
- FF. Insert Date of signing the invoice certifying the accuracy of the invoice

Page 2: Consultant Man-hour and Expense Report

This page shall be completed and submitted for the prime consultant and each subconsultant per UPC for which work is being charged on this invoice as shown on Page 1.

- A. Insert the Invoice Number at the top right of the form
- B. Insert the page number using the “Page X of Y” format per UPC

Insert the following identifiers at the top and across the matrix:

- C. Consultant Firm Name, check whether the firm is the prime or subconsultant, Vendor ID number, and Vendor Tax ID Number
- D. Project Name
- E. Contract ID Number
- F. Purchase Order Number (PO)
- G. Project UPC number
- H. Lead Division for the procurement
- I. Period covered by Invoice – Beginning Date
- J. Period covered by Invoice - Ending Date
- K. Task Order Number (as appears on approved task order document)
- L. Task Order Name (as appears on approved task order document)
- M. Route Number
- N. City/County code
- O. Section Number (if Applicable)
- P. Job Number(if Applicable)
- Q. Land Owner (if Applicable)

For Lump Sum Contracts, skip to Item AA

- R. For the Prime or subconsultant shown in (C), list the consultant’s employee names for the Home Office that performed work on this UPC/task order for the voucher period (additional rows may be added as needed to list all employees)

- S. For each Employee Name, provide the following information directly to the right in the labeled columns:
- Classification/Position
 - Budgeted Hours/Actual Hours/OT Hours performed this period
 - Regular hourly \$ Rate/OT hourly \$ Rate
 - Regular total Amount/ OT total Amount (hours x rate for each)
 - Leased Truck Mileage/Mileage Rate per mile/Total (mileage x rate)
 - Privately Owned Vehicle Mileage/Rate per mile/Total (mileage x rate)
 - Per Diem Meals total amount/Hotel total amount/Phone total amount
 - *Reminder: Advance approval is required from VDOT for all consultant travel and related expenses. Travel expenses and reimbursement rates shall be in accordance with the prevailing VDOT Travel Guidelines*
- T. For the Prime or subconsultant shown in (C), list the consultant's employee names for the Field Office that performed work on this UPC/task order for the voucher period (additional rows may be added as needed to list all employees)
- U. For each Employee Name, provide the following information directly to the right in the labeled columns:
- Classification/Position
 - Budgeted Hours/Actual Hours/OT Hours performed this period
 - Regular hourly \$ Rate/OT hourly \$ Rate
 - Regular total Amount/ OT total Amount (hours x rate for each)
 - Leased Truck Mileage/Mileage Rate per mile/Total (mileage x rate)
 - Privately Owned Vehicle Mileage/Rate per mile/Total (mileage x rate)
 - Per Diem Meals total amount/Hotel total amount/Phone total amount
- V. Totals for each employee are calculated and inserted at the far right of the matrix
- Direct Salary Cost
 - Non Salary Cost
 - Total (DSC plus NSC)
- W. Totals for each Direct Salary Cost and Non-Salary cost column are calculated and inserted at bottom of each column
- X. Project Specific and Cost Plus Fixed Fee Contracts have additional information which include:
- Overhead %
 - Net Fee (Not to Exceed Amount)
 - FCCM %
 - Overhead times Total Base Salary
 - % Progress to date times UPC/task order limiting fee
 - FCCM% times Total Base Salary
- Y. Insert the Total amounts for each row
- Z. Insert Additional Direct Cost totals (materials, supplies, printing, computer and other)
- AA. Insert Lump Sum Amount due for this Invoice (for Lump Sum Contracts)
- BB. Insert % Progress times Lump Sum Amount
- CC. Insert totals for this invoice

(A)
CONSULTANT LETTERHEAD

To VDOT Addressee

(B)

VDOT Contract Administrator
Contracting Division
Business Address

Invoice Date: **(H)**

Invoice Number: **(I)**

Billing Period: **(J)**

Contract Number: **(K)**

P.O. Number: **(L)**

Notice to Proceed: **(M)**

Consultant F.I.N. **(C)**

Consultant's Name & Address for Payment Remittance

(D)

Project Numbers

State

Federal

(N)

(O)

Maximum Payable Amount: **(E)**

Net Fee: **(F)**

Contingency: **(G)**

Total Billed to Date: **(P)**

Total Previously Billed: **(Q)**

TOTAL THIS INVOICE **(R)**

Invoice Summary by Task Order/LOA

		Hours			Amounts					
Task #	UPC	Previously Billed	Total This Invoice	Billed to Date	Authorized	% Complete	Previously Billed	Total This Invoice	Billed to Date	Remaining Balance
(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	(AA)	(BB)	(CC)
1										
2										
3										
4										
Total										

CERTIFICATE OF CONSULTANT

The undersigned requests payment of that portion of the contract amount invoiced above and warrants to VDOT that (1) the data shown in this voucher is accurate and correct; (2) the work covered by this invoice has been completed in conformance with the contract requirements; and (3) all previous payments received from VDOT on account of work done under this contract have been applied to discharge in full all obligation of the prime to its consultants, sub-consultants, and suppliers incurred in connection with work covered by prior invoices.

CONSULTANT NAME (print): **(DD)**

CONSULTANT SIGNATURE: **(EE)**

DATE: **(FF)**

CONSULTANT MANHOURL AND EXPENSE REPORT																	INVOICE NO. _____ (A)						
																	PAGE _____ OF _____ (B)						
CONSULTANT FIRM NAME (C)	PROJECT NAME (D)	CONTRACT ID (E)	P.O.NUMBER (F)	PROJECT UPC (G)	DIVISION (H)	PROJECT IDENTIFIER																	
PRIME <input type="checkbox"/> SUB <input type="checkbox"/>						A	B	C	D	E	F												
	INVOICE PERIOD BEGINNING (I)	INVOICE PERIOD ENDING (J)	TASK ORDER NUMBER (K)	TASK ORDER NAME (L)		CO.	ROUTE (M)	CITY/CO. COUNTY (N)	SECTION (O)	JOB NO. (P)	LAND OWNER (Q)												
VENDOR ID																							
VENDOR TAX ID																							
CLASSIFICATION/POSITION	DIRECT SALARY COST (DSC)				NON SALARY COST (NSC)							TOTAL AMOUNTS											
	HOURS			RATE		DSC		Lease Vehicle			POV		Per Diem		TOTAL DSC	TOTAL NSC	Totals						
	BUDGET	ACTUAL	OT	REG	OT	REG	OT	LEASE	Mileage @	Total	Mileage @	Total	Meals	Hotel	Phone								
HOME OFFICE (R)																							
Employee Name (S)																		(V)					
Employee Name																							
Employee Name																							
FIELD OFFICE (T)																							
Employee Name (U)																							
Employee Name																							
Employee Name																							
Employee Name																							
	(W) SUB TOTAL BASE SALARY																						
COST PLUS FIXED FEE																							
OVERHEAD (____%) (X)											X TOTAL BASE SALARY (DSC)							(Y)					
NET FEE (NOT TO EXCEED)											% Progress X \$												
FCCM (____%)											X TOTAL BASE SALARY (DSC)												
OTHER DIRECT COST (Z)																							
OTHER DIRECT COST																							
MATERIAL AND SUPPLIES																							
PRINTING AND REPRODUCTION																							
COMPUTER @ \$6.00/HR																							
OTHER																							
LUMP SUM FEE																							
LUMP SUM FEE (AA)											(BB) % Progress X \$												
(CC) TOTALS																							

DRAFT SAMPLE

Page 3: Progress Report and Related information (for each UPC/Task Order)

Consultant to provide detailed Progress Report on work performed for the invoice period. Format and content to be determined by the VDOT Contracting Division. Information should include the following :

1. Detailed description of work performed for the invoice period
2. Deliverables provided this invoice period
3. Bar Chart with milestone activities for the contract period
4. Percentage of work completed to date
5. Issues this invoice period impacting tasks and schedule
6. Consultant Voucher Information – Current Estimate Information and totals for the Prime and Sub-consultants (form from old voucher template)
7. Lump Sum Amount breakdown (if applicable)