**Invoice Submittal Checklist**

**Consultant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State Project No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To assure that the Consultant’s invoice will be processed in a timely manner please make sure that the information listed below is provided/accurate.**

|  |  |
| --- | --- |
| **Check** |  |
|  | **P. O. Overview report** – **Project Manager will provide** |
|  | **Standard Invoice Format** **used** |
|  | **Non Project Related Material, Receipts, etc., were not included** |
|  | **Previous Amounts correct** **on current invoice** |
|  | **Missing Invoice(s)** – **skipping a number(s)** |
|  | **Overhead Rate was not the Overhead Rate approved through DOTD** |
|  | **Math Errors – Double check math** |
|  | **Direct Expense Calculations for mileage, lodging and meals are included** |
|  | **Direct Expense Receipts** |
|  | **Mileage logs and/or map quest print out** |
|  | **State Project Numbers are correct on invoice (Lead Project number on Multiple Projects)** |
|  | **Project Information for this project is correct** |
|  | **Travel Expense Charges comply with State Travel Regulations** |
|  | **Employee’s Classification/s on the hour/rate breakdown of labor charges are shown** |
|  | **Prior approval from Project Manager and Consultant Contract Services Administrator to switch Funds** |
|  | **Dates Worked “From” and “To” are listed** |
|  | **Expiration Date has not passed without an extension** |
|  | **Notice to Proceed – work was not done before the NTP date**  **Date NTP transmitted to CCS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Cost Disbursement Certification Form/Statement with the Principal’s signature (if applicable)** |
|  | **Copy of Cancelled check/s (if applicable)** |
|  | **Sub-consultant’s invoice provided as backup documentation** |
|  | **DOTD’s State Project Number and/or Lead for Task Order Number(s)** |
|  | **DOTD’s Agreement Number** |
|  | **DOTD’s Progress Billing Number, i.e., our invoice number** |
|  | **Federal ID if applicable** |
|  | **DBE Form 1 included** |
|  | **DBE Form 2 included (FINAL REPORT)** |
|  | **Progress Report for invoiced period included** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOTD Project Manager**