

Invoice Circulation Tracking

(Attach to Invoice)

Consultant: _____ Invoice #: _____

Project Manager: _____ Agreement #: _____

Project (New/Old #): _____

Project Description: _____

Section:

PD-N PD-S NC SC BD BM QLTY TS DS ES PLAN

Date

Received by Section *Initials*

Received by Project Manager: _____

Is this the FINAL INVOICE on this project? **Yes** **No**
Or Agreement? **Yes** **No**

If YES, date notified Audit Section: _____

Is this project Federally Participating? **Yes** **No**

Invoice OK'd by Project Manager

Invoice APPROVED by Section Head and forwarded to Transportation Solutions for payment

Signature Date

Invoice Received in Transportation Solutions Accounting

PV approved by Budget Unit in FACTS

Comments:

Department of Transportation Consultant Agreement Payment Approval Check List Form

Agreement No.: _____

Consultant Name: _____

Project No.: _____

Verified that all work performed by the consultant on this payment is within allowable timeframes/dates as set forth in the signed agreement under which this work was performed.

Verified that the scope of work performed by consultant is within the scope as set forth in the signed agreement under which this work was performed.

Verified that the amount of this payment is within the upset limit as set forth in the signed agreement under which this work was performed.

Verified that all amounts being billed by the consultant are within other established limits including profit, overhead, travel, and other incidental costs.

Communicated with fiscal staff or preparer of payment request as to how the invoice is to be funded (ie Federal/State/J etc) especially if different from how the project or activity (phase) was initially set up. For example – Must notify preparer if certain payments are ineligible for federal funds (Non-participating) even though project was set up as federally participating.

I certify that I have read and understand the terms and conditions set forth in agreement number _____, and that all work itemized in the attached billing from the consultant is in conformance with said terms and conditions of the signed agreement, DeIDOT policies/procedures, and established funding authorization dates and limits.

Signed: _____ Date: _____

Project Manager

PLEASE ATTACH COMPLETED FORM TO INVOICE AND/OR BACKUP DOCUMENTATION TO BE SCANNED