

Billing Procedures for Engineering Services Under a Cost Plus Fixed Fee Agreement

An invoice containing information shown in the attached example must be submitted in a timely manner but not more often than once per month.

1. A copy of the invoice and all attachments must accompany the original invoice and attachments.
2. The invoice and copy must be submitted to:
 - City of XXXX
 - Address
 - City, AR 72XXX
 - Attention: XXXX
3. As shown in the example, the invoice must clearly show the following information:
 - A. Name and remittance address of the firm requesting payment.
 - B. Statement number.
 - C. Date of the Invoice.
 - D. Period covered by the Invoice.
 - E. State project number.
 - F. Federal-aid project number.
 - G. Project name.
 - H. Contract upper limit.
 - I. For contracts dated on or after April 18, 2002, the invoice must show the upper limit for Title I, II and the fee. The maximum that will be paid prior to completion of Title I is the upper limit amount of Title I less ten percent of the total fixed fee.
 - J. For supplemental agreements, the invoice must show the current supplemental agreement number, and the revised Contract Upper Limit, upper limit for Title I, II and the fee.
 - K. Nine (9) digit Federal identification number or social security number.
 - L. Type of payee, i.e. Individual, Sole Proprietorship, Partnership, Corporation, Other (Federal or State agency, municipality, county or non-profit)
4. Total Preliminary and Construction Engineering costs must be separated, and the final billing for both Title I and II must be clearly marked as **“Final”**.
5. For Preliminary Engineering (Title I), and Construction Engineering (Title II), the invoice must show total current period, the previous invoice, and the project to date costs for all categories and applicable fees as shown in the attached example.
6. To get Current Invoice for Fees take % of Job complete(Exhibit 3) minus previous invoice percentage and then multiply that times the Fixed Fee of Contract.
7. The invoice must include a certification by appropriate company personnel that the amounts are correct and payment has not been received.
8. The invoice must include two (2) signature lines for the City. City personnel to recommend and approve the invoice for payment.
9. All of the above procedures apply to sub-consultants that are under a “Cost plus fixed fee” contract with the prime contractor, and invoices submitted by these sub-consultants must be included as an attachment to the prime contractor’s invoice.

PROGRESS REPORT NO. XX

Arkansas State Highway and Transportation Department

JOB NUMBER
JOB NAME

Date xx-xx-xx through xx-xx-xx

Current Date

INVOICE FOR SERVICES

TO: City of XXXX
 (Address)
 ATTENTION: XXXX

REMIT TO: Consulting Firm
 (Address)

Consultant's Project No. _____
 Tax Identification No. _____
 Type of Payee _____

	<u>Original Contract</u>		<u>Supp. Agree. #</u>	
RE: Job No. _____	Contract Upper Limit	\$XXXXXXXXXX	Contract Upper Limit	\$XXXXXXXXXX
FAP No. _____	Upper Limit Title I	\$XXXXXXXXXX	Upper Limit Title I	\$XXXXXXXXXX
Title I Services	Upper Limit Title II	\$XXXXXXXXXX	Upper Limit Title II	\$XXXXXXXXXX
Job Name	Fixed Fee	\$XXXXXXXXXX	Fixed Fee	\$XXXXXXXXXX

Invoice No. XX
 Professional Services for the period
 xxxx xx, xxxx through xxxx xx, xxxx

	Current Amount:	Previous Invoice:	Project to Date:
Salaries (See Exhibit 1)	\$xxx,xxx.xx	\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
Overhead – (xxx.x%)	\$xxx,xxx.xx	\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
Allowable Expenses (See Exhibit 2)	\$xxx,xxx.xx	\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
<i>Subtotal</i>	\$xxx,xxx.xx	\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
Fixed Fee:			
Current – xx% x (Fixed Fee)	\$xxx,xxx.xx		
To Date – xx% x (Fixed Fee)		\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
Less 10% Retainage	(\$xxx,xxx.xx)	(\$xxx,xxx.xx)	(\$xxx,xxx.xx)
<i>Net Fees:</i>	\$xxx,xxx.xx	\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
AMOUNT DUE THIS STATEMENT:	\$xxx,xxx.xx		
GRAND TOTAL EARNED TO DATE:		\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
LESS PREVIOUS STATEMENTS:		\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
Subtotal		\$x,xxx,xxx.xx	\$x,xxx,xxx.xx
TITLE II SERVICES (See Exhibit 1A and 2A)	\$xx.xx	\$xx.xx	\$xx.xx
AMOUNT DUE:		\$x,xxx,xxx.xx	\$x,xxx,xxx.xx

I certify that the above statement is just and correct and that payment has not been received and that supporting documentation will be maintained for audit purposes.

FIRM NAME _____ (Signature)
 Name, Title

Recommended: _____
 (City Personnel)

Approved: _____
 (City Personnel)

EXHIBIT 1- SALARIES

Job No. XXXXX

Invoice No. xx

For the period of Xxxx xx, xxxx through Xxxx xx, xxxx

EMPLOYEE NUMBER	NAME	WORK CLASSIFICATION	HOURS	DIRECT RATE	AMOUNT
TOTAL LABOR					

EXHIBIT 1A - TITLE II SERVICES

Job No. XXXXXX

Invoice No. XX

For the period of XXXXXXXX, XXXX through XXXXXX, XXXXX

EMPLOYEE NUMBER	NAME	WORK CLASSIFICATION	HOURS	DIRECT RATE	AMOUNT
TOTAL					\$xx.xx

**EXHIBIT 2A EXPENSES
TITLE II**

Job No. xxxxxx

Invoice No. xx

For the period of xxxx, xxxx through xxxxxxxx, xxxx

EXPENSES:	Current Amount:	Previous Invoice:	Project to Date:
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SUBCONSULTANTS:

xxxxxxx	\$xxxxxx	\$xxxxxx	\$xxxxx
xxxxxxx	\$xxxxxx	\$xxxxxx	\$xxxxx
SUBCONSULTANT SUBTOTAL	\$xxxxxx	\$xxxxxx	\$xxxxxx

DIRECT EXPENSES:

xxxxxxxxxxxxxxxxxxx	\$xxxxxx	\$xxxxxx	\$xxxxxx
xxxxxxxxxxxxxxxxxxx	\$xxxxxx	\$xxxxxx	\$xxxxxx
xxxxxxxxxxxxxxxxxxx	\$xxxxxx	\$xxxxxx	\$xxxxxx
xxxxxxxxxxxxxxxxxxx	\$xxxxxx	\$xxxxxx	\$xxxxxx
xxxxxxxxxxxxxxxxxxx	\$xxxxxx	\$xxxxxx	\$xxxxxx
DIRECT EXPENSE SUBTOTAL	\$xxxxxx	\$xxxxxx	\$xxxxxx
PROJECT EXPENSE TOTAL	\$xxxxxx	\$xxxxxx	\$xxxxxx

EXHIBIT 3 - % COMPLETE

Job No. xxxxxx

Invoice No. xx

For the period of xx-xx-xx through xx-xx-xx

ITEM	% OF JOB	% COMPLETE	% OF JOB COMPLETE
SUBTOTAL			
GRAND TOTAL			

SUBCONSULTANTS

ITEM	% OF JOB	% COMPLETE	% OF JOB COMPLETE
SUBTOTAL			
GRAND TOTAL			