**A&E and Related Services Invoice Requirements Consultant Checklist for**

Time and Materials (T&M) Invoices

*\*See* [*OPO-STD-003-Consultant*](https://www.oregon.gov/odot/Business/Procurement/DocsPSK/inveq1.pdf) *for additional information on Invoice Requirements*

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| **T&M Invoice Data Requirements** |  |
| Price Agreement/Contract Number |  |
| Work Order Contract (WOC) Number |  |
| Total amount due for the billing period |  |
| Invoice Number |  |
| Invoice Date |  |
| Billing Period |  |
| Consultant Name, Address, Phone (if remit address is the same, state remit address is the same) |  |
| Agency Project Manager Name |  |
| Remit address (must match consultant address of record). |  |
| Overhead (OH) & FCCM rate (if applicable, these do not apply to Negotiated Billing Rates (NBR)).  |  |
| Consultant’s Project Manager Name |  |
| Name/Classification of Employee “Working on Project” |  |
| Number of Labor Hours |  |
| Employee Direct Salary Rate or NBR, whichever is applicable |  |
| Task Numbers from Contract |  |
| Percent Complete of Each Task/Deliverable (if applicable) |  |
| Milestone Name and Numbers from Contract (if applicable) |  |
| Milestone Percent Complete (if applicable) |  |
| **Additional Invoice Requirements for T&M** |  |
| Total Not-to-Exceed (NTE) amount (less unauthorized contingency amounts); total amount previously invoiced; total charges for current billing period |  |
| The overhead (OH) rate, FCCM, and profit percentage applied to direct salary rates to arrive at the total amount due (**do not apply these to negotiated billing rates**).  |  |
| Breakdown of labor cost by task (task/subtask names and numbers as specified in the Contract) for Prime Consultant and sub-consultant. Include:* Employee names and classifications applicable to the work performed for the billing period (titles should match approved ESR/NBR schedules).
* For each employee, provide:
* Their actual direct salary rate (within the max identified on the ESR approved for the PA/Contract), or the approved fully loaded NBR, if applicable.
* A breakdown of the number of hours worked and the total labor amount.
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| Breakdown of Other Direct Charges (ODC), including travel costs. Enter name of vendor or the in-house ODC item (for travel costs, show employee name), description of ODC, invoice or reference number, unit price, number of units, ODC cost for the line item. For supporting documentation, attach:* Vendor receipts are required for ODCs;
* Receipts for approved lodging, rental cars, airfare (receipts are not required for approved meal per diem).
* Long-Term Lodging and Per Diem provisions in Exhibit B of the Contract or PA
 |  |
| Amounts billed for authorized contingency tasks must be identified as separate line items from amounts billed for non-contingency (required) tasks. Place Notice-to-Proceed email on file. The amount for a T&M or CPFF contingency task must include: * All labor, overhead, profit, and expenses for the task.

Direct non-labor expenses for contingency tasks must not be included in an overall  |  |
| Paid Summary Report must be attached to Prime Consultant’s invoice (if applicable). Summary must include:* Sub-consultant name
* Total hours and total cost for all sub-consultants who performed work during the billing period

For supporting documentation, attach sub-consultant invoice and breakdown of costs.  |  |
| Name of the Consultant’s Project Manager (CPM) (Invoice must be signed by Consultant’s PM if not submitted electronically via email). |  |
| **T&M Invoice Submittal Requirements** |  |
| “**Printed”** Font Size is to be legible or at least 12 pt.  |  |
| Submitted Monthly (or as indicated in the Contract) |  |
| 1 Copy of Supporting Documents |  |
| Progress Reports |  |
| Separate Invoice per Contract |  |
| Sub-consultant Invoices |  |
| Consultant Invoices/Receipts for Other Direct Cost(s) |  |
| Travel Expense Receipts |  |
| Paid Summary Report (as applicable - required for any Contract or WOC that includes subcontractors) |  |

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| **Invoice Requirements for Contingency Tasks**  |  |
| Amounts billed for authorized contingency tasks must be identified as separate line items from amounts billed for non-contingency (required) tasks (Notice-to- Proceed for each authorized contingency task must be kept on file). The amount for a T&M or CPFF contingency task must include all labor, overhead, profit, and expenses for the task. Direct non-labor expenses for contingency tasks must not be included in an overall amount for direct non-labor expenses applied to the budget for the non-contingency tasks. |  |
| Include a breakdown of the costs and supporting documentation as required for the method of compensation selected in the contract for the invoiced contingency task.  |  |