

**CONSULTANT CONTRACT INVOICE**

Wisconsin Department of Transportation

DT1510 5/2007-2

Consultant: Complete a separate invoice for each state project ID.

Consultant Name		WisDOT Project Manager			
Address		State Project ID			
City, State, ZIP Code		Master Contract Project ID			
Federal Employer Identification Number		Work Order Project ID		Work Order Number	
Consultant Invoice Number	Current Date	Project Description			
Time Period Covered by this Invoice		County			
1. Original Contract Amount				\$ _____	
Total Fixed Fee		\$ _____			
2. Revised Contract Amount		Give Amendment #s: _____		\$ _____	
Revised Total Fixed Fee		\$ _____			
3. Actual Cost Contract Items (Attach Sheet with Detailed Labor Rates, Overhead Rate, Expenses by Type, Profit.)					
a. Cost of Work Completed to Date by Consultant		\$ _____			
b. Fixed Fee Earned to Date by Consultant		\$ _____			
c. Total (a + b)				\$ 0.00	
4. Lump Sum Contract Items					
a. Lump Sum Contract Amount		\$ _____			
b. % of Work Completed to Date		_____ %			
c. Total Amount Earned to Date (a x b)				\$ 0.00	
5. Cost Per Unit of Work Contract Items (Attach List of Additional Contract Items, If Needed.)					
(Do not repeat cost by item detail if <u>all</u> data is on invoice.)					
			<u>Type of Unit</u>		
<u>Item</u>	<u>Number of Units</u>	<u>Hours</u>	<u>Days</u>	<u>Unit Rate</u>	<u>Earned to Date</u>
a. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ 0.00
b. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ 0.00
c. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ 0.00
d. Total to Date for Items Not Listed		<input type="checkbox"/>	<input type="checkbox"/>	NA	\$ _____
e. Total to Date for all Contract Items	0				\$ 0.00
6. Specific Rate of Compensation Contract Items (Attach List of Additional Contract Items, If Needed.)					
(Do not repeat cost by item detail if <u>all</u> data is on invoice.)					
			<u>Type of Unit</u>		
<u>Item</u>	<u>Number of Units</u>	<u>Hours</u>	<u>Days</u>	<u>Compensation Rate</u>	<u>Earned to Date</u>
a. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ 0.00
b. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ 0.00
c. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ 0.00
d. Total to Date for Items Not Listed		<input type="checkbox"/>	<input type="checkbox"/>	NA	\$ _____
e. Direct Expenses to Date for Project, If Applicable					\$ _____
f. Total to Date for all Contract Items	0				\$ 0.00
7. Subconsultant Charges (Attach list of Additional Subconsultants, If Needed.)					
(Do not repeat cost by item detail if <u>all</u> data is on invoice.)					
		<u>DBE?</u>		<u>Amount this</u>	
<u>Subconsultant Name</u>		<u>Yes</u>	<u>No</u>	<u>Invoice</u>	<u>Earned to Date</u>
a. _____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
b. _____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
c. _____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
d. Total to Date for Subconsultants Not Listed				\$ _____	\$ _____
e. Total to Date for DBE Subconsultants (Including any Not Listed)				\$ _____	\$ _____
f. Total for all Subconsultants to Date (Including any Not Listed)				\$ 0.00	\$ 0.00
8. Total Earned to Date				\$ 0.00	
9. Adjustments for Rounding, Other (State reason):				\$ _____	
10. Amount Previously Invoiced				\$ _____	
		(Payments Received to Date)		\$ _____	
<b>11. Amount Due This Invoice (#8 + #9 - #10)</b>				<b>\$ 0.00</b>	

**Consultant Certification**

I certify that to the best of my knowledge the work as listed above has been completed, represents no duplication of payments, and that all costs are in compliance with the contract terms.

**X** \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Print Name)  
 \_\_\_\_\_  
 (Title)

Check Box to Indicate Cost Detail Attached

Complete this section for FINAL invoices	
<b>Consultant Certification of Disadvantaged Business Enterprises Utilization:</b>	
Contractual commitment (Including all contract amendments):	\$ _____
Actual payments to certified DBE firms:	\$ _____
Percent of committed dollars paid to DBE firms:	_____ %

**Department Approval**

This invoice has been reviewed for accuracy and compliance; it is approved for payment.

Provide explanation for any portion(s) not approved for payment:

Date Invoice Received	Amount Approved for Payment
-----------------------	-----------------------------

- Partial Payment, Progress Report attached
- Final Payment, Progress Report and Evaluation Form attached

**X** \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Print Name)  
 \_\_\_\_\_  
 (Title)

Wisconsin Department of Transportation

**NOTICE OF GOOD FAITH DISPUTE/IMPROPER INVOICE**

To:	From:
	Telephone:

Payment will be made in compliance with the prompt payment policy upon resolution of the following:

\* **GOOD FAITH DISPUTE**                      AMOUNT IN DISPUTE \$ \_\_\_\_\_

Services rendered were of a lesser quantity or quality than specified by contract. Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* **IMPROPER INVOICE**

Invoice Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Your invoice is being returned for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
WisDOT Project Manager                      Date

**CONSULTANT REQUEST FOR APPROVAL  
TO ADJUST INDIRECT COST RATES ON WisDOT ACTUAL COST CONTRACTS**  
(On Consultant's Letterhead)

Current Date

WisDOT Bureau of Financial Services  
Attn: Contract Manager  
P.O. Box 7366  
Madison, WI 53707

We (I) request approval to adjust indirect costs previously invoiced at provisional rates to reflect the most recently audited indirect cost and final audited rate throughout the life of, and at the completion of, actual-cost-plus-fixed-fee contracts with the Wisconsin Department of Transportation (WisDOT).

We (I) acknowledge that the approval requested, if granted, requires us (me) to adjust all previously invoiced costs when our (my) indirect cost rate decreases as well as when it increases. We (I) also acknowledge that such adjustments must be submitted within 90 days of notification by WisDOT's Bureau of Financial Services, Audit Section of the results of its own indirect cost rate audit or its acceptance of an indirect cost rate audit performed by another government agency or independent certified public accountant.

When adjustments result in an increase in costs, we (I) will submit to WisDOT an invoice with supporting worksheets for each applicable project. When the adjustments result in a decrease in costs, we (I) will submit to WisDOT a check for the amount of overpayment along with supporting worksheets for each applicable project.

Sincerely,

//s//

Name  
Title

A copy of this request and approval will be maintained in WisDOT audit files. Approval may be revoked in the event the consultant's systems and/or processes for adjusting indirect costs is inadequate.

**CONSULTANT CONTRACT INVOICE-OVERHEAD RATE ADJUSTMENT**  
Wisconsin Department of Transportation

*For Use on Actual Cost Contracts When Change in Approved Indirect Cost (Overhead) Rate Occurs.*

Consultant Name		WisDOT Project Manager	
Address		State Project ID Project I.D.# to charge invoice to: _____ - _____ - _____ Lowest Project I.D.# on contract: _____ - _____ - _____	
City, State, Zip Code		Master Contract Project ID	
Federal Employer Identification Number		Work Order Project ID	Work Order Number
Consultant Invoice Number	Current Date	Project Description	
Time Period Covered by this Invoice		County	

- |                               |                            |          |
|-------------------------------|----------------------------|----------|
| 1. Original Contract Amount   |                            | \$ _____ |
| 2. Revised Contract Amount    |                            | \$ _____ |
|                               | Give Amendment #s: # _____ |          |
| 3. Amount Previously Invoiced |                            | \$ _____ |

YEAR ENDING: _____	
A) Actual Allowable Direct Labor Invoiced	\$ _____
B) Actual Audited & Approved Indirect Cost Rate	_____ %
C) Total Allowable Indirect Costs (A X B)	\$ _____
D) Indirect Costs Previously Invoiced and Paid	\$ _____
E) Amount Due/Consultant Owed (C - D)	\$ _____

- |                         |  |          |
|-------------------------|--|----------|
| 4. Total Earned to Date |  | \$ _____ |
|-------------------------|--|----------|

**Consultant Certification**

*I certify that to the best of my knowledge the work as listed above has been completed, represents no duplication of payments, and any and all costs are in compliance with the contract terms*

X \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Title)

**Department Approval**

*This invoice has been reviewed for accuracy and compliance and is approved for payment.  
Provide explanation for any portion(s) not approved for payment:*

Date Invoice Received	Amount Approved for Payment
-----------------------	-----------------------------

Partial Payment

Final Payment

X \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Title)

Direct Labor Summary Example

Classification	Employee Name	Employee Number	Hours	Direct Labor Cost	
Project Manager	Mary Mayer	may113	4.00		
	<b>Total Project Manager</b>		4.00	\$ 240.00	
Senior Engineer	Joe Smith	smi210	62.00		
	Sally Jones	jon112	18.00		
	<b>Total Senior Engineer</b>		80.00	\$ 3,380.00	
<b>Total Direct labor =</b>				\$ 3,620.00	
Indirect Costs @131.50% of Direct Labor				\$ 4,760.30	
Fixed Fee (Direct labor x 2.5 x 8.0%)				\$ 724.00	
Direct Costs		Quantity	Unit	Rate	Cost
	Reimbursed Miles	120	miles	\$ 0.51	\$ 61.20
	Fleet Miles	50	miles	\$ 0.40	\$ 20.00
	Car Rental--Hertz	Invoice Attached			\$ 238.00
	Printing--City Print Shop	Invoice Attached			\$ 564.00
	<b>Total Directs =</b>				\$ 883.20
<b>Total Prime</b>					\$ 9,987.50
Subconsultants	ABC Engineering				\$ 750.00
	XYZ Geotechnical				\$ 1,200.00
	<b>Total Invoice =</b>				\$ 11,937.50