

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
INVOICE SUMMARY SHEET

375-030-5B
 PROCUREMENT
 10/16
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_____	Consultant
_____	Address

_____	Federal I.D. No.
_____	Sub Consultant

FDOT Invoice No.	_____	FDOT Contract No.	_____
Firm's Invoice No.	_____	Agreement Date	_____
Invoice Period	_____	Notice to Proceed	_____
From _____ To _____		Date	_____
Contact Person	_____	End of Services Date	_____
Telephone No.	_____	(Extended Date – if	_____
		Applicable)	_____
FINANCIAL AID NUMBER(S)		_____	

	Schedule	Contractual Limits	Total Billed To Date	Previous Billing	Amount Due This Period
Lump Sum Costs					
Salary Related Costs	D-1/D-2/D-3	_____	_____	_____	_____
Direct Expenses	E-1	_____	_____	_____	_____
Reimbursable Costs					
Salary Related Costs & FCCM	A-1	_____	_____	_____	_____
Premium Overtime Costs	A-2/A-3	_____	_____	_____	_____
Direct Expenses - Travel	E-2	_____	_____	_____	_____
Direct Expenses – Other	E-3	_____	_____	_____	_____
Operating Margin	C	_____	_____	_____	_____
CADD/PC	C	_____	_____	_____	_____
Billing Rate Costs					
Survey	A-3	_____	_____	_____	_____
Geotechnical	A-3	_____	_____	_____	_____
Other _____	A-3	_____	_____	_____	_____
Sub consultant(s)	ATTACHMENTS	_____	_____	_____	_____
Total Amount Billed		\$ _____	\$ _____	\$ _____	\$ _____

By submittal of this invoice, the above named Consultant certifies that reimbursable costs contained in this invoice represent actual project costs as reflected in our accounting records.

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Sub Consultant

DIRECT SALARY RELATED COSTS (AND FCCM)

² Use the FCCM rate approved in the agreement.

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Sub Consultant

PREMIUM OVERTIME COSTS¹

¹ Use this schedule only on those projects in which premium overtime costs are not included as part of the direct labor in accordance with the agreement. The overtime hours at straight time rates will appear on Schedule A and those same hours at the premium rate (½ additive) will appear on this schedule.

³ The premium rate represents the ½ additive to the straight time rate (i.e. straight time rate - \$2.00, overtime time rate (1½ times) - \$3.00, premium rate - \$1.00).

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Sub Consultant

BILLING OR UNIT RATE COSTS

Description	Units	Number of Units	Unit Price	Cost This Period
Total Billing Rate Costs			\$	

SCHEDULE C

Consultant

Sub Consultant

FDOT Invoice No. _____ FDOT Contract No. _____

OPERATING MARGIN / CADD & PC COSTS

I. OPERATING MARGIN

a. Direct Salary Related Cost This Period \$ _____

b. Ratio to Apply to Salary Related Costs per Agreement % _____

c. Earned Operating Margin This Period _____

II. CADD / PC COSTS

	CADD	PC
a. Hours this Period	_____	_____
b. Rate Per Contract	_____	_____
c. Earned Fees	\$ _____	\$ _____
d. Total	_____	\$ _____

SCHEDULE D-1

Consultant

Sub Consultant

FDOT Invoice No. _____ FDOT Contract No. _____

LUMP SUM – COMPENSATION BASED ON PERCENTAGE OF PROJECT COMPLETION

Total Lump Sum Amount _____

Percentage of Project Complete to Date _____

Fee Earned to Date _____

Less Previous Billings _____

Penalties / Incentives (if applicable) _____

AMOUNT DUE THIS INVOICE _____

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Sub Consultant

MAXIMUM AMOUNT – COMPENSATION BASED ON LUMP SUM COMPONENTS OR UNIT RATES

[illegible]

SCHEDULE E-1

Consultant

Sub Consultant

FDOT Invoice No. _____ FDOT Contract No. _____

LUMP SUM DIRECT EXPENSES

a. Lump Sum Expenses per Agreement	\$ _____
b. Ratio to Apply per Agreement	_____
c. Earned Lump Sum Expenses	_____
d. Less Amount Previously Billed	_____
e. Lump Sum Expenses This Period	\$ _____

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REIMBURSABLE DIRECT EXPENSES - TRAVEL¹

¹ All requests for reimbursement for travel expenses must be supported by a completed **Form 300-00-001, State of Florida Voucher for Reimbursement of Travel Expenses**, accompanied with receipts, invoices, etc.

SCHEDULE E-3

Consultant

Sub Consultant

FDOT Invoice No. _____ FDOT Contract No. _____

REIMBURSABLE DIRECT EXPENSES - OTHER¹

Item Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Tools of the Trade: (% x Direct Labor \$)	_____
Total Reimbursable Direct Travel Expenses This Period	\$ _____

¹ Identify specific items and related costs for each. If FDOT approval for a particular item is required prior to purchase, attach a copy of the FDOT's approval letter. For rental/lease expenses, a rental/lease agreement must be attached.