STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

375-030-5B PROCUREMENT 10/16 Page 1 of 11

INVOICE SUMMARY SHEET

		Consultant	_		
		Address	_		
				_	
		Federal I.D. N	0.	_	
		Sub Consultar	nt	_	
FDOT Invoice No.		FDO	T Contract No.		
Firm's Invoice No. Invoice Period From	То		ement Date ce to Proceed		
Contact Person	10		of Services Date		
Telephone No.			ended Date – if icable)		
FINANCIAL AID NUMBER(S)		Αρρι	icable)		
,					
	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					
CADD/PC	С				
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.

SCHEDULE A-1

	Consultant	
	Sub Consultant	
FDOT I : N	FDOT O	
FDOT Invoice No.	FDOT Contract No.	·
	DIRECT SALARY RELATED COSTS (AND FO	CCM)
Name and/or Job Class	Hours Expended X Hourl	y Rate = Cost This Period
		
		
		 -
		
	Total Salary Costs	_\$
	Overhead (% of direct salary costs) ¹	
	Total Salary Related Costs	
	FCCM (% of direct salary costs) ² Total Salary Related Costs with ECCM	<u> </u>

¹ Use the combined general overhead and fringe benefits rate approved in the agreement.

² Use the FCCM rate approved in the agreement.

SCHEDULE A-2

	Con	nsultant		
	Sub (Consultant		
FDOT Invoice No.		FDOT Contract No.		
	PREMIUM OV	/ERTIME COSTS ¹		
Name and/or Job Class	Hours Expended ²	X Hourly Rate ³	_ = _	Cost This Period
	_	_		
		_		
	_			
	_	<u>-</u>		
	_	_		
		-		
	_			
	_			
	_			
	_	-		
	_			
	_			
		_		
		-		
	Total Premium Overtime		_	\$

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.

² Include only the hours for which the employee was entitled to premium overtime pay.

 $^{^3}$ The premium rate represents the $\frac{1}{2}$ additive to the straight time rate (i.e. straight time rate - \$2.00, overtime time rate (1 $\frac{1}{2}$ times) - \$3.00, premium rate - \$1.00).

\$

SCHEDULE A-3

		Consultant		
		Sub Consultant		
FDOT Invoice No.		FDOT Contract N	do.	
BOT IIIVOICE NO.		1201 00111111111		
	BILLING (OR UNIT RATE COSTS		
Description	Units	Number of Units	Unit Price	Cost This Period
			-	

Total Billing Rate Costs

SCHEDULE C

	Consultant Sub Consultant		
	Sub Consultant		
FDOT Invoice No.	FDOT	Contract No.	
<u>OPERA</u>	TING MARGIN / CADD	0 & PC COSTS	
	I. OPERATING MAR	<u>GIN</u>	
a. Direct Salary Related Cost This Period	ont		
b. Ratio to Apply to Salary Related Costs per Agreemc. Earned Operating Margin This Period	ient	%	
c. Earned Operating Margin This Period	II. CADD / PC COS	<u>TS</u>	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 PER	CENTAGE 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		

SCHEDULE D-2

	Consultant
	Sub Consultant
FDOT Invoice No	FDOT Contract No

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

Component / Unit Description	Unit of Measure	Unit Price	No. of Units This Period	Net Earned This Period	Penalties / Incentives (if applicable)	AMOUNT DUE THIS INVOICE	Total Previously Billed	Billed to Date	Contractual Limits (if applicable)
ТОТ	AL AMOUN	T DUE TH	HIS INVO	CE					

SCHEDULE D-3

	Consultant
	Sub Consultant
FDOT Invoice No	FDOT Contract No

MAXIMUM AMOUNT - COMPENSATION BASED ON ESTABLISHED TASKS - PERCENTAGE COMPLETE

Task	Task Fee	Percent Task Complete	Total Earned to Date	Less Previous Billed	Penalties / Incentives (if applicable)	AMOUNT DUE THIS INVOICE	Contractual Limits (if applicable)
	TOTAL AMOU	INT DUE TH	IS INVOICE				

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	_ \$

SCHEDULE E-2

	Consultan	ıt	
	Sub Consult	ant	
FDOT Invoice No.	FD	OT Contract No.	
	REIMBURSABLE DIRECT EX	(PENSES - TRAVEL ¹	
Item Description		Amount	
Regular Overnight Travel			
Class C Travel Out of State Travel		-	
			
		·	
		-	
Total Reimbursable Direct Travel Expens	ses This Period	\$	

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 Consulta	nt	
FDOT Invoice No.	FDO	T Contract No.	
	REIMBURSABLE DIRECT EXI	PENSES - OTHER¹	
Item Description		Amount	
		_	
Tools of the Trade: (% x Direct Lal	bor \$)		<u></u>
Total Reimbursable Direct Travel Expe	enses 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.