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|  | STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  **INVOICE SUMMARY SHEET** | 375-030-5B  PROCUREMENT  10/16  Page 1 of 11 |

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|  |
| Consultant |
|  |
| Address |
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|  |
| Federal I.D. No. |
|  |
| Sub Consultant |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | 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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|  | **SCHEDULE A-1** | 375-030-5B  PROCUREMENT  10/16  Page 2 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

|  |  |  |  |
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| FDOT Invoice No. |  | FDOT Contract No. |  |

**DIRECT SALARY RELATED COSTS (AND FCCM)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name and/or Job Class |  | Hours Expended | X | Hourly Rate | | = | Cost This Period |
|  |  |  |  |  | |  |  |
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|  |  |  |  |  | |  |  |
|  | Total Salary Costs | | | |  |  | $ |
|  | Overhead (     % of direct salary costs)[[1]](#footnote-1) | | | |  |  |  |
|  | Total Salary Related Costs | | | |  |  |  |
|  | FCCM (     % of direct salary costs)[[2]](#footnote-2) | | | |  |  |  |
|  | Total Salary Related Costs with FCCM | | | |  |  | $ |

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|  | **SCHEDULE A-2** | 375-030-5B  PROCUREMENT  10/16  Page 3 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| FDOT Invoice No. |  | FDOT Contract No. |  |

**PREMIUM OVERTIME COSTS[[3]](#footnote-3)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name and/or Job Class |  | Hours Expended[[4]](#footnote-4) | X | Hourly Rate[[5]](#footnote-5) | | = | Cost This Period |
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|  |  |  |  |  | |  |  |
|  | Total Premium Overtime | | | |  |  | $ |

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|  | **SCHEDULE A-3** | 375-030-5B  PROCUREMENT  10/16  Page 4 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| FDOT Invoice No. |  | FDOT Contract No. |  |

**BILLING OR UNIT RATE COSTS**

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

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| --- | --- | --- |
|  | **SCHEDULE C** | 375-030-5B  PROCUREMENT  10/16  Page 5 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| 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 |  |  |  | $ |

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|  | **SCHEDULE D-1** | 375-030-5B  PROCUREMENT  10/16  Page 6 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| 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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|  | **SCHEDULE D-2** | 375-030-5B  PROCUREMENT  10/16  Page 7 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| --- | --- | --- | --- |
| 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) |
|  |  |  |  |  |  |  |  |  |  |
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| **TOTAL AMOUNT DUE THIS INVOICE** | | | | | |  |  |  |  |

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|  | **SCHEDULE D-3** | 375-030-5B  PROCUREMENT  10/16  Page 8 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| 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) |
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| **TOTAL AMOUNT DUE THIS INVOICE** | | | | | |  |  |

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|  | **SCHEDULE E-1** | 375-030-5B  PROCUREMENT  10/16  Page 9 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| 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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|  | **SCHEDULE E-2** | 375-030-5B  PROCUREMENT  10/16  Page 10 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| FDOT Invoice No. |  | FDOT Contract No. |  |

**REIMBURSABLE DIRECT EXPENSES - TRAVEL[[6]](#footnote-6)**

|  |  |  |
| --- | --- | --- |
| Item Description |  | Amount |
|  |  |  |
| Regular Overnight Travel |  |  |
| Class C Travel |  |  |
| Out of State Travel |  |  |
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| Total Reimbursable Direct Travel Expenses This Period | | $ |

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|  | **SCHEDULE E-3** | 375-030-5B  PROCUREMENT  10/16  Page 11 of 11 |

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|  |
| Consultant |
|  |
| Sub Consultant |

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| FDOT Invoice No. |  | FDOT Contract No. |  |

**REIMBURSABLE DIRECT EXPENSES - OTHER[[7]](#footnote-7)**

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

1. Use the combined general overhead and fringe benefits rate approved in the agreement. [↑](#footnote-ref-1)
2. Use the FCCM rate approved in the agreement. [↑](#footnote-ref-2)
3. 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. [↑](#footnote-ref-3)
4. Include only the hours for which the employee was entitled to premium overtime pay. [↑](#footnote-ref-4)
5. 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). [↑](#footnote-ref-5)
6. 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. [↑](#footnote-ref-6)
7. 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. [↑](#footnote-ref-7)