

Florida Department of Environmental Protection



PRP Purchase Order Invoice Processing

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Purchase Order Invoice Processing Checklist/Guidance



Purchase Order Invoice Processing Checklist/Guidance

I. INVOICE PACKET COMPONENTS

Please include the components below in invoice submissions using the following order, as applicable. Purchase Order invoice submissions must be submitted on company letterhead through email to PRP_AcctingInvoices@dep.state.fl.us.

- a. Invoice Page
- b. Release of Claim Form (For Final Invoices)
- c. Signed Invoice Rate Sheet
- d. Deliverable Approval Letter
- e. Subcontractor Utilization Report Form (For ATC Contracts)
- f. Subcontractor Invoices for Reimbursable Items (if applicable)

II. INVOICE RATE SHEET

The Invoice Rate Sheet will be included in the Schedule of Pay Items workbook (Attachment B) for your associated Purchase Order (PO). When a change order is fully approved a revised Schedule of Pay Items workbook may be issued. Always use the most current version of the Schedule of Pay Items workbook available. The Invoice Rate Sheet should be filled out and submitted with the completed Deliverable to the appropriate Site Manager.

- a. **This Invoice Section:** Contractor should enter number of units for services performed.
 - DEP share, retainage, and DEP less retainage amounts will populate automatically at the bottom of the invoice rate sheet and on the invoice.
- b. **Previously Invoiced Section:** For subsequent invoices, move the number of units already invoiced to the "Previously Invoiced" column and populate the "This Invoice" column with next services performed.
 - This will populate "Previously Invoiced" totals, and "This Invoice" totals at bottom of the invoice rate sheet and on the invoice.

NOTE: If the Schedule of Pay Items has been revised due to approved cost increases or decreases on the PO, previously invoiced amounts must be transferred to the new Invoice Rate Sheet in the revised Schedule of Pay Items.

III. DELIVERABLE APPROVAL LETTER

Once the appropriate Site Manager has received a completed deliverable submission along with a completed invoice rate sheet from a Contractor the Site Manager will review the submission. If the deliverable(s) is(are) found to be complete and acceptable the Site Manager will sign and date the Invoice Rate Sheet and return it to



Invoice Packet Components

- **Invoice Page**
- **Release of Claim Form (For Final Invoices)**
- **Signed Invoice Rate Sheet**
- **Deliverable Approval Letter**
- **Subcontractor Utilization Report Form (For ATC Contracts)**
- **Subcontractor Invoices for Reimbursable Items (if applicable)**





Schedule Of Pay Items – Invoice Rate Sheet Display

Facility Name: _____ Contractor: _____
 7-Digit Facility ID #: _____ CID #: _____ Retainage: 10%
 County: _____ Lock CID # _____ Contract #: _____ FDEP Cost Share: _____
 Region: _____ SPI ID #: _____ Remaining Cap Amount: _____
 Site Manager Name: _____ PO #: _____ Total Extended Price: \$ -
 Site Manager Phone: _____ Hide Rows On/Off _____
 Site Manager Email: _____

PAY ITEM	DESCRIPTION	UNIT OF MEASURE	PO Rate Sheet			Previously Invoiced	This Invoice		Balance
			UNITS	NEGOTIATED ITEM PRICE	TOTAL EXTENDED PRICE	UNITS	UNITS	EXTENDED PRICE	UNITS
Task 1									
1.	OFFICE ACTIVITIES								
1-1.	File Review	Per Review	0	\$ -	\$ -	0	0	\$ -	0
1-2.	Site Health & Safety Plan	Per Site	0	\$ -	\$ -	0	0	\$ -	0
1-3.	Notice of Discovery of Contamination Package (Initial or TPOC)	Per Package	0	\$ -	\$ -	0	0	\$ -	0
1-4.	Permit Fees - actual fee only, cost to obtain permit is included in applicable pay items	Reimbursable*	0	\$ -	\$ -	0	0	\$ -	0
1-5.	Off-Site Property Access Agreement	Per Agreement	0	\$ -	\$ -	0	0	\$ -	0
1-6.	Project Specific Financial Guarantee Bond (if required by DEP)	Reimbursable*	0	\$ -	\$ -	0	0	\$ -	0
2.	FIELD ACTIVITIES - GENERAL								
2-1.	Site Reconnaissance/Field Measurement Visit	Per Visit	0	\$ -	\$ -	0	0	\$ -	0
2-2.	Receptor Survey and Exposure Pathway Identification (Excludes report)	Per Survey	0	\$ -	\$ -	0	0	\$ -	0
2-3.	Professional Land Survey (If FDEP authorizes, submit quote(s) with Change Order)	Reimbursable*	0	\$ -	\$ -	0	0	\$ -	0
2-4.	Contractor Oversight for Non-Price Schedule Activities	Per Day	0	\$ -	\$ -	0	0	\$ -	0
3.	MOBILIZATION								
3-1.	Mobilization, Light Duty Vehicle (car or 1/2 ton truck) - ≤ 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0
3-2.	Mobilization, Light Duty Vehicle (car or 1/2 ton truck) - > 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0
3-3.	Heavy Duty/Stakebed Truck (3/4 ton+) - ≤ 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0
3-4.	Heavy Duty/Stakebed Truck (3/4 ton+) - > 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0
3-5.	Work Trailer - ≤ 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0
3-6.	Work Trailer - > 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0
3-7.	DPT Rig Mobilization - ≤ 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0
3-8.	DPT Rig Mobilization - > 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0
3-9.	Drill Rig Mobilization - ≤ 100 miles each way	Per Round Trip	0	\$ -	\$ -	0	0	\$ -	0

SOW Units **Invoice Rate Sheet** Invoice Invoice Instructions Subcontractor Utilization ...

- [Rounding Display Screenshots](#)



How To Complete An Invoice Rate Sheet

- The Invoice Rate Sheet is filled out by the Contractor and submitted with the completed Deliverable to the appropriate Site Manager.
- **This Invoice Section:** Contractor should enter number of units for services performed.
- **Previously Invoiced Section:** For subsequent invoices, move the number of units already invoiced to the “Previously Invoiced” column.

- [Invoice Rate Sheet](#)



Deliverable Approval Letter Components

- **Task(s)/Pay Items:** Must name all tasks and/or pay items that are approved on the signed Invoice Rate Sheet (pay item(s) only needed if select item(s) from task are being billed rather than a complete task). Typos are not acceptable.
- **Approved Costs:** Must state amount approved including retainage. Approved Costs must match the “DEP Cost Share” amount from the signed Invoice Rate Sheet or a corrected Invoice Rate Sheet is needed.
- **Deliverable Received Date:** Must include dates on which deliverables were received by FDEP. Deliverable received date must be on or before the applicable deliverable due dates otherwise the deliverable approval letter should reference that the deliverable was late and what the appropriate financial consequence will be (*i.e. forfeiting retainage, etc.*).
- **Purchase Order #:** 6 digit/character ID (*i.e. AXXXXX*). Typos are not acceptable.



Deliverable Approval Letter Examples

If the deliverables are found to be complete and acceptable the Site Manager will sign and date the Invoice Rate Sheet and return it to the Contractor along with a Deliverable Approval Letter.



The Alachua County Environmental Protection Department (ACEPD) has reviewed the Task 1 deliverable (Proposal, Affidavits, Site Access Agreement, and Health & Safety Plan) dated June 26, 2014 (received June 27, 2014), submitted for this facility. The deliverable is acceptable and demonstrates that the work outlined in Purchase Order (PO) # AA2418 for Task 1 was satisfactorily performed. Please continue implementation of the Purchase Order. The approved cost for completion of Task 1 is \$1,486.59 as detailed in the attached Rate Sheet for this referenced site.

The Petroleum Restoration Program (PRP) has reviewed the Limited Site Assessment Interim Report dated June 10, 2014 (received June 11, 2014). The Interim Deliverable is acceptable and demonstrates that the work outlined in PO # A9F1CC for Task 2 was satisfactorily performed. Please continue implementation of the purchase order A9F1CC. The approved cost for completion of this deliverable is \$9,413.50 as detailed in the attached rate sheet.

The Petroleum Restoration Program (PRP) has reviewed Task 1 deliverables and Task 2 line item 1.5 Off Site Access Agreement dated April 30, 2014 through May 20, 2014 (received May 27, 2014), submitted for this facility. The Interim Deliverables are acceptable and demonstrate that the work outlined in PO # A9FA83 was satisfactorily performed. The approved cost for completion of this deliverable is \$1,300 as detailed in the attached rate sheet. Please continue implementation of the Purchase Order by completing the remainder of Task 2.

The Florida Department of Health in Escambia County has reviewed the Task 2 Interim Deliverable dated May 30, 2014 (received May 30, 2014), and supplemental information received June 5, 2014 submitted for this facility. The Task 2 Interim Deliverable is acceptable and demonstrates that the work outlined in the Purchase Order (PO) # A993A9 for Task 2 was satisfactorily performed. Please continue implementation of the Purchase Order. The approved cost for completion of Task 2 is \$ 847.90.



Invoice Page Amounts – What do they all mean ?



	Amount	Retainage
Purchase Order Amount	\$14,649.00	
Previously Invoiced	\$0.00	\$0.00
Available Purchase Order Balance	\$14,649.00	
<hr/>		
Amount Approved This Invoice	\$0.00	\$0.00
Forfeited Retainage		<input type="text"/>
Total Retainage Held		\$0.00
Retainage (Final Invoice)	\$0.00	
Total Amount Payable This Invoice	\$0.00	
<hr/>		
Purchase Order Balance Remaining	\$14,649.00	

NOTE: THIS INVOICE REQUIRES ATTACHMENT OF DEP SITE MANAGER APPROVED SCHEDULE OF PAY ITEMS INVOICE RATE SHEET.



- [Invoice Page](#)



Final Invoice ?

Final Invoice ?

Release Of Claims Form

Final Invoice ?

Final Invoice ?

- [Release of Claims](#)

Petroleum Contamination Site Response Action Services
RELEASE OF CLAIMS

MFMP PURCHASE ORDER AFFIDAVIT/RELEASE OF CLAIMS FORM

This affidavit must be completed and signed by the Vendor when requesting final payment on a MFMP Purchase Order. The signature of the Vendor shall be notarized as set forth below. Final payment on a MFMP Purchase Order will not be released until this form is accepted by the Florida Department of Environmental Protection (DEP).

1. I, _____ am the _____
(name of person appearing) (title of person appearing)
 of _____ (the "Vendor") hereby certify:
(name of Vendor)

A. That the Vendor entered into an agreement with the DEP to perform certain work under MFMP Purchase Order number _____ on the following real property:

Site Name: 0 _____ DEP Facility ID #: 0 _____
(site or business name)

Site Address: _____
(street, city, county)

Site Owner: _____
(name of property owner)

B. That the Vendor has completed the work in accordance with the MFMP Purchase Order.

C. That all subcontractors and suppliers have been paid in full.

D. That receipt by the Vendor of payment for the final invoice, under the aforementioned agreement and the task assignment issued thereunder, shall constitute a full release and discharge by the Vendor to the owner of any and all claims of the Vendor against the owner, arising out of, connected with, or resulting from, performance of the obligations of the Vendor and any subcontractors and suppliers pursuant to the agreement. The Vendor shall certify such release of claim to the owner, in writing, upon request by the owner.

E. That upon receipt by the Vendor from the Department of payment for the final invoice, under the aforementioned agreement and the task assignment issued thereunder, the Vendor releases the Department from any and all claims of the Vendor and any subcontractors and suppliers that may arise under, or by virtue of, the agreement and the task assignment issued thereunder, except those claims that may be specifically exempted and set forth under the terms of the agreement. Exemptions claimed must be attached to this affidavit and reference the MFMP Purchase Order number. Any exemptions not attached are hereby waived.

F. That person appearing is authorized to make the statements set forth in this affidavit.

(signature of authorized Vendor representative)

2. ----- Notarization of Signature of Vendor (required) -----

State of _____ County of _____

Sworn to and subscribed before me by _____ this _____ day of _____

Personally known ()
 Produced Identification () Type of ID: _____

(Notary's Signature) My Commission Expires _____

Notary Public, State of _____ Commission Number (if applicable) _____

PPF ROC Revised 1/16/14

7/24/2014 Schedule of Pay Items.xlsm



Subcontractor Utilization Report Form

DEP Contract No. _____ Invoice No. _____ MFMP Purchase Order No. _____ Invoice Service Period _____ (MM/DD/YYYY) - (MM/DD/YYYY) Insert Subcontractor Row <small>Press button to insert row for additional subcontractors</small>		INDICATE THE ONE CATEGORY THAT BEST DESCRIBES EACH ORGANIZATION LISTED																								
		BUSINESS CLASSIFICATION			CERTIFIED MBE			NON-CERTIFIED MBE			NON-PROFIT ORG															
LIST NAMES AND ADDRESSES OF SUBCONTRACTORS UTILIZED THIS INVOICE PERIOD <small>(ALT+ENTER to stack subcontractor name and address)</small>		LIST AMOUNT PAID TO EACH SUBCONTRACTOR THIS INVOICE PERIOD		NON-MINORITY (A)	SMALL BUSINESS (STATE) (B)	SMALL BUSINESS (FEDERAL) (C)	GOVERNMENTAL AGENCY	NON-PROFIT ORGANIZATION (F)	P.R.I.D. E. OR RESPECT	VETERAN BUSINESS ENTERPRISE (L)	AFRICAN AMERICAN (H)	HISPANIC (I)	ASIAN/HAWAIIAN (O)	NATIVE AMERICAN (K)	AMERICAN WOMAN (M)	VETERAN BUSINESS ENTERPRISE (W)	AFRICAN AMERICAN (N)	HISPANIC (O)	ASIAN/HAWAIIAN (P)	NATIVE AMERICAN (Q)	AMERICAN WOMAN (R)	VETERAN BUSINESS ENTERPRISE (Y)	BOARD IS 51% OR MORE MINORITY (S)	51% OR MORE MINORITY EMPLOYEES (T)	51% OR MORE MINORITY COMMUNITY SERVED (U)	OTHER NON-PROFIT (V)

SUBCONTRACTOR UTILIZATION REPORT FORM CERTIFICATION

I certify that the information provided in the preceding page(s) is accurate as of the last day of the payment period identified on this form.

right-click to sign with CoSign

_____ (Signature) _____ (Date) _____ (Street Address)

_____ (Business Name) _____ (City, State, Zip Code)

The Subcontractor Utilization Form is included in the most current Schedule of Pay Items workbook or in the Contractor's ATC contract. The form must be included with every invoice even if subcontractors were not utilized.

- [Subcontractor Utilization Form](#)



Subcontractor Invoices For Reimbursable Items

- Submit only subcontractor invoices for reimbursable costs included in the task(s) being invoiced.
- **Subcontractor service dates:** Subcontractor invoice service dates should fall within the service period indicated on the invoice page. If the date of the subcontractor invoice does not fall within the established service period, and actual services rendered dates are not reflected on the original subcontractor invoice, then the Contractor or subcontractor should hand-write the actual services rendered dates on the subcontractor invoice and initial.

Permits

Professional Land Survey

Utility Payments

Etc.



Common Invoice Errors

- Not on Company letterhead
- Rate sheet filled out incorrectly or not at all
- Missing information in Deliverable Approval Letter
- Incorrect PRP Reference Number
- Incorrect Contractor #
- Incorrect Invoice Service Start and End Dates
- Missing Subcontractor's Utilization Report form
- Penny rounding errors





Helpful Links



- **My Florida Market Place Vendor Information Portal:**

<https://vendor.myfloridamarketplace.com/vms-web/spring/login.jsessionid=7FB2237B200EEA17218615779705D226.jvm2?execution=e1s1>

- **Contractor Detail Status Report** (Status of invoices within PRP):

http://appprod.dep.state.fl.us/www_stcm/reports/contractor_wo_ta_invoice_p.asp

- **DFS Vendor Payment History:**

<http://flair.dbf.state.fl.us/dispub2/cvnhphst.htm>

- **MFMP Buyer Portal (For Site Managers Only):**

<https://buyer.myfloridamarketplace.com/Buyer/Main>

- [Sample PO](#)



Contact Information



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