Purchase Order Invoice Processing Checklist/Guidance

I. INVOICE PACKET COMPONENTS

Please include the components below with 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 is 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. <u>Always use the most current version of the Schedule of Pay Items workbook available</u>. 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, include the number of units already invoiced in the "Previously Invoiced" column, and delete them from the "This Invoice" column.

- 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 the Contractor along with a Deliverable Approval Letter (these can be in the form of an email). For the Deliverable Approval Letter to be acceptable for billing purposes it must include the following items.

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__ **a.** **Task(s)/Pay Items**: Must name all tasks and/or pay items (pay item(s) only needed if select item(s) from task are being billed rather than a complete task) that are approved on the signed Invoice Rate Sheet. Typos are not acceptable.

__ **b.** **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.

__ **b.** **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.)*

__ **c.** **Purchase Order #:** 6 digit/character ID *(i.e. AXXXXX)*. Typos are not acceptable.

III. INVOICE PAGE

The Invoice Page will be included in the most current Schedule of Pay Items workbook (Attachment B).

__ **1. PO Data:** Even though much of the information is populated by the Invoice Rate Sheet Page in the workbook, the data must be reviewed because the invoices cannot be processed for payment using Schedule of Pay Item workbooks that were inappropriately or incorrectly modified.

   __ **a.** **Purchase Order #** : 6 digit/character ID *(i.e. AXXXXX)*

   __ **b.** **FAC**. **ID #:** 9 digits, including county code populated from Invoice Rate Sheet.

   __ **c.** **PRP Reference #:** 5 characters/7 characters *(i.e., XXXXA/XXX-XXXX)* can be found in the PO line item description.

   __ **d.** **Invoice #:** Each invoice must have a unique invoice number from the Contractor, which may not exceed 9 characters *(number, letter, space, dash or other character, each count as 1 character)* and cannot be 'none' or all zeroes. If a Contractor has multiple POs, invoice numbers cannot be duplicated across POs (cannot have invoice # 1 on two different POs).

   __ **e.** **Contractor #:** 5 digit Contractor Identification number (CID #) *(i.e., 00082)* can be found on Invoice Rate Sheet.

   __ **f.** **Final Invoice Selection:** Yes or No must be selected to indicate whether or not this invoice is the final invoice for the associated Purchase Order.

   - If Yes, then retainage will be invoiced for and a release of claim form must be submitted along with the invoice.
   - The Contractor must ensure that all billable items have been submitted prior to selecting "Yes". <u>After the final invoice is paid it will not be possible to request costs that were omitted inadvertently.</u>

   __ **g.** **Facility Name:** Populated from Invoice Rate Sheet

   __ **h.** **Facility Address.**

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    __ **i. Vendor Remit Payment To:** Contractor name, mailing address, agent, email address, and telephone number should be included.

    __ **j. Retainage Percent:** Retainage percent is populated to 10%. This cell must be corrected by the Contractor to the retainage percent in the PO, if different.

__ **2. Dates:** The date requirements are easiest to follow when considered in the logical order in which they occur.

    __ **a. Invoice Date:** Entered by Contractor. Must be on or after the 'Service End Date' and cannot be later than the invoice received date.

    __ **b. Service Start Date:** Entered by Contractor based on the actual dates on which the invoiced task(s) was (were) performed. May not predate the PO Start Date indicated on the PO.

    __ **c. Service End Date:** Entered by Contractor based on the actual dates on which the invoiced task(s) was (were) performed. May not postdate the invoice date or invoiced task(s) deliverable due dates on the PO (unless the deliverable was late and the retainage is being forfeited).

    __ **d. PoS Extended:** Must be filled in if a PO change order has extended the PO end date.

    __ **e. FDEP Received Date:** Entered by the FDEP. Date of Contractor's Invoice submission email.

__ **3. Amounts:** These items are populated by the Invoice Rate Sheet, but must be reviewed because the invoices cannot be processed for payment using Schedule of Pay Item workbooks that were inappropriately or incorrectly modified.

    __ **a. Purchase Order Amount:** Must match the amount for the corresponding Purchase Order including any fully approved change orders.

    __ **b. Previously Invoiced:** Verify this amount matches amount of previously invoiced items. Populated from Invoice Rate Sheet "Previously Invoiced" Column filled out by the Contractor. Updated with subsequent invoice submissions.

    __ **c. Available Purchase Order Balance:** 'Purchase Order Amount' minus the amount 'Previously Invoiced'.

    __ **d. Amount Approved This Invoice:** Must match amount approved on signed deliverable approval letter, and "This Invoice" Column Total for "DEP Cost Share" on signed Invoice Rate Sheet. Populated from Invoice Rate Sheet "This Invoice" Column filled out by the Contractor. Updated with subsequent invoice submissions.

    __ **e. Forfeited Retainage:** If FDEP has notified the Contractor that retainage was forfeited, the total forfeited amount must be entered. The forfeited retainage amount should also be noted in the deliverable approval letter for the appropriate task(s).

    __ **f. Total Retainage Held:** Amount of Retainage that has been earned to date reducing out any retainage that was forfeited. Will be added to the "Total Amount Payable This Invoice" on the final invoice.

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__g. **Total Amount Payable This Invoice:** If invoice is not a final invoice this amount must match "This Invoice" Column Total for "DEP Less Retainage" on signed Invoice Rate Sheet. If invoice is a final invoice amount must match "This Invoice" Column Total for "DEP Less Retainage" plus the amount of "Retainage Held" from the invoice page.

__ h. **Purchase Order Balance Remaining:** Must match the Purchase Order Amount minus the 'Previously Invoiced' total amount and 'Amount Payable This Invoice" total amount. If a balance remains after the final invoice selection of 'Yes' has been made the remaining balance will be unencumbered.

IV. RELEASE OF CLAIM FORM *(Final Invoices Only)*

Found in the Schedule of Pay Items workbook.

__ a. **Contractor Name** : Contractor representative printed name.

__ b. **Title:** Authorized vendor representative title at company listed.

__ c. **MFMP Purchase Order #:** 6 digit/character ID *(i.e. AXXXXX)*

__ d. **Site Address:** Should match Facility Address used on invoice page.

__ e. **Site Owner.**

__ f. **Signature of Authorized Contractor Representative** : Must be signed by the Contractor representative listed at the top of the form.

__ g. **Notarization,** must be comply with the Notary Public requirements of Chapters 117 and 118, Florida Statues (F.S.) and Sections 92.50, 92.51, and 668.50, F.S., as appropriate **:**

- Notarization information should be filled in by the notary (not the Contractor).
- Notarization date must be on or after the invoice date.
- Identification type must be indicated, if 'Produced Identification' is checked, "Type of ID" should be filled in (i.e. Driver's License, US Passport, etc.).
- Notary commission must be valid *(expiration date must be after notarization date)*.

V. SUBCONTRACTOR UTILIZATION REPORT FORM *(if applicable, not required for non-Agency Term Contract EQuote or ITB Solicitations)*

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

__ a. **DEP Contract** #: 5 digit/character ID *(i.e. GCXXX)*. Found on purchase order.

__ b. **Invoice #:** Must match Invoice number from the invoice page. Typos are not acceptable.

__ c. **MFMP Purchase Order #:** 6 digit/character ID *(i.e. AXXXXX).*

__ d. **Invoice Service Period:** Must match service period from invoice page.

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__ **e. Subcontractors Utilized This Invoice Period:** Complete elements for all subcontractors used, and the amount for each subcontractor. If no subcontractors are used, indicate in the first line "no subcontractors."

__ **f. Contractor Signature Block:** Must be completely filled out and signed by a contractor representative.

VI. SUBCONTRACTOR INVOICES FOR REIMBURSIBLE ITEMS

Submit <u>only</u> subcontractor invoices pertaining to reimbursable costs included in the task(s) being invoiced.

__ **a. 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.

8/1/14