



INVOICE SUBMITTAL CHECKLIST



PROJECT NAME: 1

- 1. Name found on the DOT Agreement
- 2. Date invoice is submitted
- 3. Invoice number being submitted
- 4. Contract number and expiration date on DOT agreement.
- 5. Type of DOT agreement

DATE (MM/DD/YYYY):	2 0/00
INVOICE SUMMARY NO.:	3
FPID NO.:	
CONTRACT NO.:	
CONTRACT EXPIRES ON (MM/DD/YYYY):	4
AGENCY:	
AGENCY STREET ADDRESS:	
AGENCY CITY, STATE, ZIP:	
VENDOR ID:	
DOT COORDINATOR:	

5 Type of Agreement:	<input type="checkbox"/> LAP	<input type="checkbox"/> CIGP	<input type="checkbox"/> SCOP	<input type="checkbox"/> TRIP	<input type="checkbox"/> OTHER Explain:
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REQUIRED DOCUMENTS

DFS Summary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cost Summary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Project Monitoring Status Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule of Values	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification Disbursement of Previous Periodic Payment to Subcontractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certifications of Compliance with Plans & Specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Checklist, DFS, Cost summary and Progress report are always required. Some design projects may not need the last two documents.

SUPPLEMENTAL AGREEMENTS & RETAINAGE

7 Has Contract Been Amended (Time Extension, Increase/Decrease in Funding, etc.?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last Contract Amendment (MM/DD/YYYY)		
Original Contract Amount (\$)		
Modified Contract Amount (\$)		
8 What percentage of retainage is being held (%)?		
Has retainage been reduced from previous invoice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

7. The contract amendment relates to the agreement with DOT.

8. Retainage % may change during the contract duration

FINAL INVOICE?

9 If Yes, is the retainage being paid out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has Construction Close Out (Blue Folder) been submitted to FDOT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Final invoice requires more documentation.

FINAL INVOICES W/ CONSTRUCTION MUST ALSO SUBMIT

Final Release of Liens	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10 Materials Certification Letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contract Affidavit & Surety Consent (700-050-21)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final Inspection Acceptance (500-010-40)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Record of Final Plans & Documentation (525-010-40)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certifications of Compliance with Plans & Specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. These forms are required for invoices with construction.

11. All agencies must sign and date this form.

I certify, under penalties of perjury, that the Agency has complied with the provisions of this Agreement:

Signed: 11

 , Local Agency Project Manager

Date: 0/00/00

Agency:	0
Agency Address:	0
Agency City, State, Zip Code:	0
Vendor ID:	0

Doc: March 2021

Invoice No.:	0
Invoice Period:	0/00/00 - 0/00/00
Total Invoice Amount	\$0.00
Total Invoice Amount FDOT Participating:	\$0.00
FDOT Contract/Agreement No.	-
FDOT Participation Total (\$)	\$0.00
FDOT Participation Amount (%)	100.00%
FDOT Contract Remaining Balance:	\$0.00

Bill To:	
Florida Department of Transportation - District 4	3400 West Commercial Boulevard
Main: (866) 336-8435	Fort Lauderdale, Florida 33309-3421

Project Name:	0
Contract Number:	0

FILL IN APPLICABLE YELLOW CELLS

1

Project Phase(s) <small>Select from drop down menu. Must match Exhibit B of Agreement.</small>	FDOT MAX Participation Amount by Phase	TOTAL Invoice Amount by Phase	FDOT Non-Participating Amount by Phase	FDOT Participating Amount by Phase	Invoice Amount for FDOT Reimbursement	Total FDOT Previous Payments	Remaining Balance by Phase
Phase 34/38: Preliminary Engineering	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Phase 54/58: Construction	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Phase 64/68: Construction, Engineering and Inspection	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Capital Equipment	2	3	4	5		6	
In-house Costs*:							
Salaries							
Fringe Benefits							
Contractual Services							
Other Direct Costs							
a.							
b.							
c.							
d.							
e.							
f.							
Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Needed
(DO NOT
PRINT)

*Must be pre-approved by FDOT prior to executing the Grant Agreement.

Request for Payment Certification as Required by 2 CFR 200.415:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award (ONLY applicable to Federal-Aid assisted contracts). I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

Authorized Official Signature: _____

Federal Grants need a signature and date.
State Grants do not.

Date: _____

Printed Name: _____

1. Select the lines from the drop-down menu. These lines must match the Exhibit B of the DOT LAP agreement, or the numbers in your DOT State Grant agreement.

2. Enter numbers based on Exhibit B for DOT LAP projects. For DOT State grants you can find these numbers on your DOT Agreement. These will remain the same for the life of the project unless a SA is processed to add or remove funds.

3. Enter Vendor total amount paid to contractor. Separate between appropriate lines. If one line has no charges during the request in the package enter \$0.00. (this should match Cost Summary)

4. Non-participating items are found in the DOT bid concurrence. Add up the total of all Non- Participating items that you highlighted on the SOV. Multiply that total by the retainage percentage shown on the Application for Payment then subtract that amount from the total of the Non-Participating items. (This should match Cost Summary)

5. Subtract Non participating from total vendor invoice for this amount. (This should match Cost summary)

6. Enter amounts based on previous payments processed/reimbursed by the Department on previous invoices.

Agency:		0
Agency Address:		0
Agency City, State, Zip Code:		0
Vendor ID:		0
Bill To:		
Florida Department of Transportation - District 4	3400 West Commercial Boulevard	
Main: (866) 336-8435	Fort Lauderdale, Florida 33309-3421	

Doc: March 2021

Invoice No.:	0
Invoice Period:	0/00/00 - 0/00/00
Total Invoice Amount	\$0.00
Total Invoice Amount FDOT Participating:	\$0.00
FDOT Contract/Agreement No.	-
FDOT Participation Total (\$)	\$0.00
FDOT Participation Amount (%)	100.00%
FDOT Contract Remaining Balance:	\$0.00

Project Name:		0
Contract Number:	0	

COST SUMMARY

VENDOR	INVOICE DATE	INVOICE #	VENDOR AMOUNT	GRANT PARTICIPATING AMOUNT	GRANT NON-PARTICIPATING AMOUNT	CHECK #	PAYMENT DATE
			\$ -	\$ -	\$ -		
			\$ -	\$ -	\$ -		
1	2	3	\$ 4	\$ 5	\$ 6	7	8
			\$ -	\$ -	\$ -		
			\$ -	\$ -	\$ -		
			\$ -	\$ -	\$ -		
Total:			\$ -	\$ -	\$ -		

1. Contractor Name
2. Invoice date is the date the Contractor signed the Pay application (Pay APP)
3. This is the Application for Payment number found at the top of that document.
4. The amount the agency paid the Contractor (Current Payment Due amount on Application for Payment).
5. Subtract Grant Non-Participating Amount from Vendor Amount.
6. Non-participating items are found in the bid concurrence. Add up the total of all Non- Participating items that you highlighted on the SOV. Multiply that total by the retainage percentage shown on the Application for Payment then subtract that amount from the total of the Non-Participating items
7. Check number or transaction number for EFT
8. Date on check or transaction date if paid electronically.