



- FP DIRECTOR or ASSOC. DIRECTOR**
- ◆ Review for Quality Control
  - ◆ Sign and forward to FP Accountant for circulation to Accounts Payable.
- FP ACCOUNTANT**
- ◆ Enter information into database
  - ◆ Prepare and sign a transmittal from FP to:
    - FOR A/E INVOICE:**
      - Original to University Controller
      - Copies to A/E, BT-file, MBE Coordinator in Purchasing Department
    - FOR GC/CM INVOICE:**
      - Original to University Controller
      - Copies to A/E, GC or C/M, BT-file, MBE Coordinator in the Purchasing Department
- NOTE**
- Payments **must** be processed and approved **or** returned with a Payment Request Rejection Notice Form (**Attachment "B"**) within seven (7) working days from date/time stamp.
- REFERENCE**
- ◆ FAU Professional Services Guide—Article 7.3
  - ◆ FAU Professional Services Guide— Exhibit 15
  - ◆ FAU Project Manual Revised January 2005
  - ◆ FAU Facilities Planning Website [www.fau.edu/facilities/fp](http://www.fau.edu/facilities/fp)
  - ◆ AVP Policy and Procedure # 9 – GMP Amendment
- ATTACHMENT**
- ◆ *Interdepartmental Routing Slip for AE, GC/CM Invoices – Attachment "A"*
  - ◆ *Payment Request – Rejection Notice– Attachment "B"*
  - ◆ *FAU Standard Subcontractor Partial Payment Request – Attachment "C"*
  - ◆ *Percent Fee Calculation Worksheet – Attachment "D"*
  - ◆ *Labor Base Rates and Labor Burden – Attachment "E"*



**INTERDEPARTMENTAL ROUTING SLIP  
A/E, GC, CM & VENDOR INVOICES**

<b>PROJECT No.:</b>	<b>DATE RECEIVED:</b>
<b>PROJECT TITLE:</b>	
<b>PURCHASE ORDER No.:</b>	<b>VENDOR:</b>
<b>PAYMENT REQUEST No.:</b>	

DATE SENT	TO:	NAME:	DATE RECEIVED	INITIAL
	FP Accountant			
	FP Senior Accountant			
	FP Project Manager			
	FP Director/Assoc. Director			
	FP Accountant			
	Accts. Payable - Superv.			
	Senior Fiscal Assistant			
	FP Accountant			

**FOR FACILITIES PLANNING USE ONLY**

**CHECKLIST**

REQUIRED	BY:	ITEM:	INITIAL
	FP Accountant/Senior	All backup consistent with invoice	
	FP Senior Accountant	Additional Service backup consistent with contract and invoice	
	Project Manager	CM Partial Payment attached and A/E Invoice % Consistent	
	Project Manager	A/E or CM Monthly Project Report is attached & up to date	
	Director/Assoc. Director	A/E or CM Status Report up-to-date	

**COMMENTS:**


**FOR CONTROLLER'S OFFICE USE ONLY**

<b>DATE PAID:</b>	<b>AMOUNT PAID: \$</b>
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**Attachment "A"**

Return Routing Slip to Facilities Planning Upon Completion

08/99

# Florida Atlantic University

777 GLADES ROAD

CO#69-Rm. 107

P. O. BOX 3091

BOCA RATON, FLORIDA 33431-0991

FACILITIES PLANNING DEPARTMENT  
(561) 297-3141  
FAX (561) 297-2260

## Florida Atlantic University Standard Subcontractor Partial Payment Request Form

### PAYMENT REQUEST - REJECTION NOTICE

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

PROJECT No.\NAME: \_\_\_\_\_

PAYMENT REQUEST No.: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

<input type="checkbox"/>	Incorrect invoice amount	<input type="checkbox"/>	Additional Services Authorization not included
<input type="checkbox"/>	Unauthorized/Prohibited expenditure	<input type="checkbox"/>	Travel not in accordance with s112.061, FS
<input type="checkbox"/>	Error in extension	<input type="checkbox"/>	Error in extension on travel voucher
<input type="checkbox"/>	Schedule of Values missing or incomplete	<input type="checkbox"/>	Receipts not submitted with travel voucher
<input type="checkbox"/>	Partial Release of Lien not provided	<input type="checkbox"/>	Architect/Engineer signature required
<input type="checkbox"/>	Invoice not in accordance with contract	<input type="checkbox"/>	GC/CM signature required
<input type="checkbox"/>	Additional documentation/justification needed	<input type="checkbox"/>	Completion forms not notarized
<input type="checkbox"/>	Monthly Status Report not submitted	<input type="checkbox"/>	Overhead, profit, labor rates don't agree with contract

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

cc: file

**Attachment "B"**

<b>Project Name:</b>	<b>This request for payment must be submitted by the 20th of the month and can include</b>		
<b>BT#</b>	<b>work through the 25th of this month.</b>		
<b>Construction Manager:</b>			<b>Subcontractor:</b>
<b>Address:</b>			<b>Address:</b>
<b>Phone/Fax:</b>			<b>Phone/Fax:</b>
<b>This request No. _____ for work performed on</b>			
<b>the above project through pay period ending</b>			
<b>ORIGINAL CONTRACT AMOUNT</b>	<b>\$</b>	<b>-</b>	
Approved Change Orders	<b>\$</b>	<b>-</b>	
Approved Change Orders	<b>\$</b>	<b>-</b>	
Approved Change Orders	<b>\$</b>	<b>-</b>	
Approved Change Orders	<b>\$</b>	<b>-</b>	
Approved Change Orders	<b>\$</b>	<b>-</b>	
Approved Change Orders	<b>\$</b>	<b>-</b>	
Approved Change Orders	<b>\$</b>	<b>-</b>	
<b>TOTAL REVISED CONTRACT AMOUNT</b>	<b>\$</b>	<b>-</b>	
<b>BILLING TO DATE</b>			
			<b>Adjustments</b>
Value of Work performed to Date			
Value of material Stored on Site			
Subtotal	<b>\$</b>	<b>-</b>	<b>\$</b> <b>-</b>
Less _____ % Retainage			
Amount Earned to Date	<b>\$</b>	<b>-</b>	<b>\$</b> <b>-</b>
Less Previous Payments			
Amount of this request #	<b>\$</b>	<b>-</b>	<b>\$</b> <b>-</b>
<b>SUBCONTRACTOR:</b>			
<b>By signing below, I represent that I am authorized to bind the company providing this request payment.</b>			
<b>By:</b>			
<b>Title:</b>			
<b>Date:</b>			
<b>THIS SPACE RESERVED FOR CONSTRUCTION MANAGER NOTES</b>			
			<b>TO BE FILLED OUT BY CM</b>
			<b>Job #</b>
			<b>Vendor#</b>
			<b>PO/Sub #</b>
			<b>Transmittal#</b>
			<b>Transmittal Date</b>
			<b>Approved by:</b>
			<b>Code</b>

**Attachment "C"**



**LABOR OVERHEAD COSTS  
SAMPLE OF DETAIL TO BE PROVIDED IN GMP AND CM INVOICES**

FOR EXHIBIT PURPOSES ONLY								
(1) DETAIL SHOWN IN GMP								
	Labor Type/Position	Employee Name	Total Project Hours	Hourly Base Rate	Labor Burden Rate	Total CM Labor Costs		
	Superintendant	John Brown	2000	\$ 55.00	1.60	\$ 176,000.00		
	Manager	Tom Smith	2000	\$ 50.00	1.60	\$ 160,000.00		
	Supervisor	Peter Jones	2000	\$ 45.00	1.60	\$ 144,000.00		
	Secretary	Mary Johnson	500	\$ 25.00	1.60	\$ 20,000.00		
	Total					\$ 500,000.00		
(2) DETAIL SHOWN IN CM INVOICES								
	Labor Type/Position	Employee Name	Total Project Hours	Hourly Base Rate	Labor Burden Rate	Total CM Labor Costs		
	Superintendant	John Brown	160	\$ 55.00	1.60	\$ 14,080.00		
	Manager	Tom Smith	160	\$ 50.00	1.60	\$ 12,800.00		
	Supervisor	Peter Jones	160	\$ 45.00	1.60	\$ 11,520.00		
	Secretary	Mary Johnson	40	\$ 25.00	1.60	\$ 1,600.00		
	Total					\$ 40,000.00		
(3) EXAMPLE OF LINE IN SCHEDULE OF VALUES								
Item	Description	Scheduled Value	Previous work	Work this invoice	Total Completed	% Complete	Balance to Finish	Retainage Value
1	CM Labor Fee	\$ 500,000.00	\$0.00	\$ 40,000.00	\$ 40,000.00	8.00%	\$460,000.00	\$4,000.00

**ATTACHMENT "E"**