

- 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
 - ◆ 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**

PROJECT No.:	DATE RECEIVED:
PROJECT TITLE:	
PURCHASE ORDER No.:	VENDOR:
PAYMENT REQUEST No.:	

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

DATE PAID:	AMOUNT PAID: \$
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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"

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

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"