



# Design & Construction Services Policy & Procedure #7

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| <b>TITLE</b>   | <b>RECEIPT AND APPROVAL OF INVOICES (A/E , GC/CM) MAJOR PROJECTS</b>   |
| <b>OBJECTIVE AND PURPOSE</b>                                   | To ensure pay requests are in accordance with contract and that all necessary backup is attached   |
| <b>RESPONSIBILITY</b>  | <b><u>ACTION</u></b>   |
| <b>A/E/GC/CM (MINOR PROJECTS)</b>                              | <ul style="list-style-type: none"> <li>◆ Submits one (1) original invoice directly to the Controller's Office.</li> </ul>  |
| <b>GC/CM (MAJOR PROJECTS)</b>                                  | <ul style="list-style-type: none"> <li>◆ GC/CM submits two (2) original invoices to A/E for approval and signature.</li> <li>◆ A/E returns two (2) original approved documents to GC/CM for further processing.</li> <li>◆ GC/CM submits two (2) original approved invoices directly to the Controller's Office.</li> </ul>  |
| <b>CONTROLLER'S OFFICE</b>                                     | <ul style="list-style-type: none"> <li>◆ The original invoice will be time stamped, logged, scanned and reviewed by the Controller's Office to ensure that all payment requirements have been met; (i.e.-adherence to FAU payment policies, necessary back-up provided, encumbrance detail, PO review in PrivateEye, and review of vendor history in order to avoid any duplication) before forwarding the original invoice with back-up to Facilities Management Business Office (FMBO).</li> <li>◆ Controller's Office will endeavor to forward original invoices to DCS within three (3) business days after receipt of invoice.</li> </ul>   |
| <b>FACILITIES MANAGEMENT BUSINESS OFFICE SENIOR ACCOUNTANT</b> | <ul style="list-style-type: none"> <li>◆ Date/Time stamp incoming invoices when received from Controller's Office.</li> <li>◆ Attach copy of email from Controller's Office and the Interdepartmental Routing Slip for A/E, GC, and CM Invoices (<b>Attachment "A"</b>) to the invoice and gives to Sr. Accountant.</li> </ul>   |
| <b>SENIOR ACCOUNTANT</b>                                       | <ul style="list-style-type: none"> <li>◆ Review and verify all computations and ensure the backup matches the Schedule of Values, including those listed under the DCS Project Manager tasks below.</li> <li>◆ Forward to appropriate DCS Project Manager.</li> </ul>  |
| <b>DCS PROJECT MANAGER</b>                                     | <ul style="list-style-type: none"> <li>◆ For A/E invoices:               <ol style="list-style-type: none"> <li>1. verifies that submittal is complete and approved and in compliance with the Agreement and/or Purchase Order.</li> </ol> </li> <li>◆ For GC/CM invoices:               <ol style="list-style-type: none"> <li>1. verifies that invoice has been approved and signed by A/E</li> <li>2. reviews for percent complete</li> <li>3. verifies computation</li> <li>4. verifies all backup matches Schedule of Values and contract requirements, and that the amounts entered into the Project Managers' Change Order Log (<b>Attachment "G"</b>) agree with the corresponding amounts shown in the revised schedule of Values.</li> </ol> </li> </ul> |

|                             |                     |                      |                        |
|-----------------------------|---------------------|----------------------|------------------------|
| Issued By: Richman-Dashtaki | Date Issued: 4/2001 | Date Revised: 6/2011 | Effective Date: 4/2001 |
|                             |                     |                      |                        |
|                             |                     |                      |                        |
| APPROVED:                   | Vice President      | Associate V.P.       | Director               |

- ◆ Verifies that labor costs are supported by Labor Base Rates and Labor Burden Rates (**Attachment "E"**) as documented and agreed upon in the Guaranteed Maximum Price Proposal (GMP) and FAU's Associate Vice President (AVP- Policy & Procedures #9).
- ◆ Assures that the A/E, GC/CM Monthly Project/Status Reports are up to date and a copy is included with the invoice.
- ◆ Assures that only one (1) invoice from A/E or GC/CM per month per project is allowable.
- ◆ Verifies GC/CM pay requests that trade sub contractors have submitted Request for Payment on the FAU Standard Subcontractor Partial Payment Request (**"Attachment "C"**) or reasonable facsimile, and has been properly executed. Verifies that subcontractors have provided a separate Partial Payment request for each line item in the CM's Schedule of values.
- ◆ Verifies GC/CM has included Calculation of Profit and Overhead Fee (**Attachment "D"**).
- ◆ Verifies that each expense has a receipt/invoice to match up.
- ◆ If invoice is correct, initial adjacent to total amount due and return to DCS Director within three (3) working days.
- ◆ If the invoice and/or back-up is incorrect and the invoice cannot be approved attach a Payment Request – Rejection Notice (**Attachment "B"**) stating the reason(s), identify the firms contact person and return to FP Accountant to make file copies and return to A/E, GC or CM.
- ◆ Check for unacceptable expenses.
- ◆ Track all tool and equipment purchases on the Project Log of State Property (**Attachment "F"**).
- ◆ Checks invoice against the PM's Change Order Tracking Log to assure all computations are in agreement. See DCS #9 Major Project Change Orders. See PM's Change Order Log (**Attachment "G"**).
- ◆ Forwards invoice documents to Director of Facilities.

#### DCS DIRECTOR

- ◆ Reviews for Quality Control
- ◆ Signs, dates, and returns invoice documents to FM Senior Accountant.
- ◆ Upon submittal of the first CM invoice for any new project, Director will meet with the CM, Senior Accountant and Project PM to review and assure full understanding of the invoice requirements and process.

#### SENIOR ACCOUNTANT

- ◆ Enters information into accounting database
- ◆ Utilizes the following procedures to process signed invoice(s) from Facilities to:
  - FOR A/E INVOICE:**
    1. Original signed invoice is scanned and attached to original email that was sent from Senior Account Clerk and transmitted to the Controller's Office for further processing. **Any changes to an invoice must be documented on the invoice. The edited pages are to be scanned and attached to the email response for approval from Facilities Planning to the Controller's Office.**
    2. Copy the MBE Coordinator in Purchasing Department on email.
    3. Email to A/E the scanned copy of invoice and associated back-up transmitted to the Controller's Office.
    4. File original approved invoice along w/original back-up in BT project file.
  - FOR GC/CM INVOICE:**
    1. Original signed Certificate of Contract Performance Form (CCP) invoice is scanned and attached to original email from Senior Account Clerk and transmitted to the Controller's Office for further processing. **Any changes to an invoice must be documented on the invoice. The edited pages are to be scanned and attached to the email response for approval from Facilities Planning to the Controller's Office.**
    2. Copy the MBE Coordinator in Purchasing Department with email.
    3. Email to CM the scanned copy of invoice and associated back-up transmitted to the Controller's Office.
    4. File original approved invoice along w/original back-up in BT project file.

**NOTE**

*Facilities Planning will endeavor to process and approve or return invoices with a **Payment Request Rejection Notice Form (Attachment "B")** to the Controller's Office in accordance with the following:*

- *Within five (5) business days for signature invoices*
- *Within seven (7) business days for all other invoices*
- *Invoices must be processed no later than ten (10) business days from Facilities Planning's initial date/time stamp.*

**REFERENCE**

- ◆ FAU Professional Services Guide April 2003—Article 7.3 & Exhibit 15
- ◆ FAU Project Manual April 2003
- ◆ FAU AVP Policy and Procedure #16 – GMP Amendment
- ◆ FAU Facilities Planning Website [www.fau.edu/facilities/fp](http://www.fau.edu/facilities/fp)

**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"***
- ◆ ***Calculation of Profit & Overhead Fee – Attachment "D"***
- ◆ ***Labor Base Rates and Labor Burden – Attachment "E"***
- ◆ ***Project Log of State Property – Attachment "F"***
- ◆ ***Project Manager's Change Order Log – Attachment "G"***

**NOTE:**

***There will be no deviation from this policy without prior written approval from the Office of the VP for Administrative Affairs.***



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| <b>INTERDEPARTMENTAL ROUTING SLIP</b><br><b>A/E, GC/CM &amp; VENDOR INVOICES</b> |
|--|

|                             |                       |
|-----------------------------|-----------------------|
| <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 |
|-----------|-----------------------------|-------|---------------|---------|
|           |                             |       |               |         |
|           | Senior Accountant           |       |               |         |
|           | DCS Project Manager         |       |               |         |
|           | DCS Director                |       |               |         |
|           | Senior Accountant           |       |               |         |
|           | Accts. Payable - Supervisor |       |               |         |
|           |                             |       |               |         |
|           |                             |       |               |         |

|   |
|---|
| <b>FOR PLANNING AND CONSTRUCTION USE ONLY</b> |
|---|

| <b>CHECKLIST</b> |                      |  |         |
|------------------|----------------------|--|---------|
| REQUIRED         | BY:                  | ITEM:  | INITIAL |
|                  | FM Senior Accountant | All backup consistent with invoice                             |         |
|                  | Project Manager      | 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             | A/E or CM Status Report up-to-date                             |         |

|                  |
|------------------|
| <b>COMMENTS:</b> |
|                  |
|                  |
|                  |

|   |
|---|
| <b>FOR CONTROLLER'S OFFICE USE ONLY</b> |
|---|

|                  |                       |
|------------------|-----------------------|
| DATE PAID: _____ | AMOUNT PAID: \$ _____ |
|------------------|-----------------------|

**Attachment "A"**

Return Routing Slip to Facilities Planning Upon Completion

08/99



**DESIGN & CONSTRUCTION SERVICES**

777 GLADES ROAD  
CO#69-Rm. 107  
P. O. BOX 3091  
BOCA RATON, FLORIDA 33431-0991  
(561) 297-3141  
FAX (561) 297-2260

**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 work through the 25th of this month.</b> |   |                               |
| <b>BT#</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 the above project through pay period ending</b>               |   |   |                               |
| <b>ORIGINAL CONTRACT AMOUNT</b>   | \$  | - |                               |
| Approved Change Orders  | \$  | - |                               |
| Approved Change Orders  | \$  | - |                               |
| Approved Change Orders  | \$  | - |                               |
| Approved Change Orders  | \$  | - |                               |
| Approved Change Orders  | \$  | - |                               |
| Approved Change Orders  | \$  | - |                               |
| Approved Change Orders  | \$  | - |                               |
| <b>TOTAL REVISED CONTRACT AMOUNT</b>  | \$  | - |                               |
| <b>BILLING TO DATE</b>  |   |   |                               |
|   |   |   | <b>Adjustments</b>            |
| 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 #  | \$  | - | \$ -                          |
| <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>                   |

**NOTE: Subcontractor shall provide a separate Partial Payment Request form for in support of each / every respective Line item in the CM's Schedule of Values**

**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 |                   |                 |
|                           | Superintendent                        | 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 |                   |                 |
|                           | Superintendent                        | 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"**





