

APPENDIX C: LPA INVOICE-VOUCHER State Form 52663 (5-06)

- An LPA Invoice–Voucher must be included with each claim submitted.
- The LPA Invoice–Voucher and claims can be submitted as copies.
- The LPA should submit no more than and no less than one billing per every 30-45 days to INDOT. Consultants should submit no more than and no less than one billing per every 30-45 days to the LPA. Purchase Orders (PO’s) are considered inactive after 45 days of no financial activity. Inactive PO’s are at the risk of being closed.

The FHWA states that federal funds are “reimbursement funds” and the LPA is required to pay their Consultant first before submitting a LPA Invoice-Voucher to the INDOT District for reimbursement. **A copy of the cancelled check to the Consultant or, in the case of direct deposit, a copy of the electronic funds transfer (EFT) must accompany each invoice and claim voucher.**

- The LPA should not submit an LPA Invoice-Voucher prior to receiving a copy of the Purchase Order from INDOT.

✱ ***For each 30-45 day period there will not be a billing by the LPA, an email or letter should be submitted to the District Local Program Coordinator stating there were no invoices submitted by the consultant for that period and billing will continue the next month unless another email or letter is submitted.***

The **supporting documentation** required to be submitted with the LPA Invoice-Voucher for the following types of contracts is listed below:

- Labor Rate Multiplier Contracts
- Negotiated Labor Rate Contracts

- ✱ Supporting documentation does not have to be original.
- ✱ Time documents for each billed employee:
 - Identify the employee and classification
 - Project
 - Date
 - Weekly Timesheets - must include breakdown of hours worked on each day of the week.
 - In the event of overtime, the weekly timesheet is needed to determine if overtime is billable for the project.
 - Direct labor for cost reimbursable agreements MUST be billed/invoiced by employee name and by the labor classification, since these agreements state reimbursement at “actual” cost.

- ✳ Payroll Records are required for LPA force projects, and union pay scales for some utilities and railroads.
- ✳ Expense reports and supporting receipts for billed direct non-salaried costs (DNS costs). These expenses may include, but are not limited to:
 - Meals (only if trip included an overnight stay)
 - Lodging
 - Mileage

✳ ***Please keep in mind that INDOT will only reimburse the LPA the maximum allowable limit under the State's Travel Policy for meals, lodging and mileage. The State's Travel Policy can be found on IDOA's Web site at http://www.in.gov/sba/files/FMC_2014-1.pdf. Because IDOA policies change periodically, please verify current travel policies prior to billing.***

- Equipment Rentals (Generally allowed only if rented from a third unrelated party)
- Field Supplies
- Materials

✳ Mileage Records/Log must identify:

- Project
- Date
- Employee
- Vehicle used
- Beginning and Ending miles or miles to and from the project
- Departure location and arrival location
- This information may be recorded on an expense report or some document other than a mileage log.

— Lump Sum Contracts

- ✳ Supporting documentation does not have to be original.
- ✳ Monthly Progress Report – must show percent of each “task” completed during that billing cycle based on the “tasks” included in the LPA–Consultant Contract as well as the total percent of each “task” completed to date.

— Cost Plus Fixed Fee Contracts

- ✳ Supporting documentation does not have to be original.
- ✳ Time sheets, expenses reports with supporting receipts, etc. (see specifics above) for the corresponding charges on the invoice and the Monthly Progress Report for those corresponding charges on the invoice.

When overhead rates change during the life of a contract, consulting firms should begin billing at the revised rates when they go into effect. Overhead rates are usually adjusted at the beginning of a State fiscal year after a review by INDOT Audit.

LPA Invoice-Voucher Completion Instructions

✿ *Please note that no labels are to be used on the LPA Invoice-Vouchers.*

Invoices submitted to INDOT for payment which are not in compliance with the contract and these instructions will be rejected and returned to the LPA for correction with the subcontracted party prior to reimbursement.

INDOT personnel are restricted from making any changes to any invoice or claim voucher. All changes must be edited by the LPA or the consultant.

The numbers below correspond to the red numbers shown on the LPA Invoice-Voucher following these instructions.

In addition, any number that references information from the purchase order will correspond to the blank example purchase order (also following these instructions) showing where the information is located.

1. LPA'S NAME & ADDRESS – This Information must match the vendor information on the Purchase Order (PO). This address has been approved through the Auditor of State and is the address where the payments for claims will be sent.
2. SERVICE DATE – Enter the dates of the period that the claim covers found on the consultant invoice to the LPA.
3. TO: INDIANA DEPARTMENT OF TRANSPORTATION – Refer to the [District Local Program Coordinators](#) contact list for the address of appropriate District contact to send the claims to.
4. PURCHASE ORDER – Number of PO that the funds are being deducted from.
- 4a. Date of P.O. (Month,Day,Year) – The date of the PO needs to be entered in this box.
5. FUND, OBJECT, CENTER – Enter the corresponding numbers from the PO.
6. VENDOR CODE – Enter the number shown on the PO for your City/Town/County.
7. DATE (Month, Day, Year) – This cell box is locked. Please handwrite the date the LPA person signed the LPA Invoice-Voucher or the date the LPA Invoice-Voucher was created.
8. JOB/PROJ NUMBER – Enter the Designation Number (Des. No.) assigned to the project.

9. INVOICE NUMBER – Enter the consultant’s invoice number found on the consultant invoices to the LPA.
10. AMOUNT – Enter the Gross amount of the consultant’s invoice.
11. LINE NO. 1 (Claim No.) – The first claim should be number 001 and continue in sequence up to the final claim. The final voucher on the PO for which the LPA is making a claim should be numbered 099. Your District Local Program Coordinator should have this information if the LPA does not.
12. LINE NO. 1 – Enter the Des. No. that is assigned to the project (same as cell box #8).
13. LINE NO. 2 (This claim voucher is for:) – Circle the phase of the work the LPA Invoice-Voucher covers.
14. LINE NO. 3 (Project Description:) – Enter a brief description of the project as shown on the PO.
15. LINE NO. 4 (Period covered by this claim.) – The supporting invoices, timesheets, etc. must be for an inclusive time period in calendar sequence throughout the project (should be same as service date located in cell box #2). It is an INDOT policy that the Consultant’s invoice to the LPA be for a period of not less than 30 days.
16. LINE NO. 5 (Gross amount of previous claims) – Enter the Gross Amount of previous claims that have been submitted found from previous LPA and/or District Local Program Coordinator records.
17. LINE NO. 6 (Net amount of previous claims) – Enter the amount of federal reimbursements for previous claims that have been submitted found from previous LPA and/or District Local Program Coordinator records.
18. LINE NO. 7 (This (is) (is not) a final claim.) – Enter “is” or “is not” to indicate whether this claim is a final claim for the PO.
19. LINE NO. 8 (Gross amount of this Local Agency Claim) – Enter total amount of consultant claim that is being billed (same number as stated in the “Amount” section of the Accounting Line Distribution grid in the middle of the page (same as cell box #10).
20. Federal Share Reimbursable (Line 8 x fed %) – Enter percentage of funding awarded from FHWA.
21. LINE NO. 9 (Federal Share Reimbursable (Line 8 x fed. %)) – This amount is automatically populated by multiplying the percentage entered times the amount entered in Line No. 8.
22. LINE NO. 10 (Net amount of Claim.) – This amount is automatically populated with the same information populated on Line No 9. In the event there has to be a correction for some change event, then the District Local Program Coordinator will direct you on how and what should be put on this line.

23. Signature of Vendor – Signature of LPA official who is authorizing the claim
 - Signature must not be stamped or typedOfficial Title – Official title of the person signing the claim
Date (Month, Day, Year) – Date of signature of official authorizing the claim.
24. RECOMMENDED FOR APPROVAL – District Local Project Manager will sign
DATE (Month, Day, Year) – District Local Project Manager will date
25. P/F – The LPA Invoice-Voucher should have a “P” entered until the final voucher is submitted. At that time, a “F” should be entered into this space.
26. The amount shown on Line No. 9 will also populate the three lines in the upper right hand corner box labeled AUDITOR:, STATE SHARE, FEDERAL SHARE and TOTAL DISBURSEMENT. Rarely will there be a STATE SHARE amount being contributed in the disbursement, which means the LPA must delete any information shown on this line. The FEDERAL SHARE amount has to match the amount shown on Line No. 9. The TOTAL DISBURSEMENT amount should match the amount shown on Line No. 10.
27. Catalog of Federal Domestic Assistance (CFDA) No. – The CFDA No. is found on your INDOT-LPA Contract and is used for identification of federal funds. This number must be documented on the top right corner of the LPA Invoice-Voucher. While the form is being updated, the following should be written/typed every time: “CFDA No. 20.205.”
28. 1099 IND: - This cell box relates to reportable income from a 1099 tax form. LPA projects do not have reportable income, so the cell box should always contain the word “NO.”



LPA INVOICE - VOUCHER
 State Form 52663 (5-06)
 INDIANA DEPARTMENT OF TRANSPORTATION
 Approved by State Board of Accounts, 2006
 Approved by Auditor of State, 2006

27. CFDA No. 20.205

LPA'S NAME & ADDRESS

1.

SERVICE DATE: 2. 1099 IND: 28.

AUDITOR: DOC NBR		
Date of P.O. (Month, Day, Year) 4a.		
PURCHASE ORDER NUMBER		
PO # 4.		
FUND 5.	OBJECT 5.	CENTER 5.
STATE AGENCY: Department of Transportation 800		
Appro Name		
STATE SHARE	26.	
FEDERAL SHARE	26.	
TOTAL DISBURSEMENT	\$ 26. -	

TO: INDIANA DEPARTMENT OF TRANSPORTATION

CARE OF:

3.

EXEMPT PER I.C. 5-17-5-2

ADDRESS:

DOC I.D. PV 800

VENDOR CODE 0 6.
 DATE (Month, Day, Year) 7.

ACCOUNTING LINE DISTRIBUTION

LN	PO NUMBER	LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJ NUMBER	PRTY	AMOUNT	P/F
01	4.		9.	5.	800				5.	8.		10.	25
02					800								
03					800								
04					800								

LINE NO.	
1	Claim No. 11. 12.
2	This claim voucher is for: (Preliminary) (RW) (Const.) Engineering, Force Account or R/W costs 13.
3	Project Description: 14.
4	Period covered by this claim. From: 15. To: 15.
5	Gross amount of previous claims 16.
6	Net amount of previous claims 17.
7	This (is) (is not) a final claim. 18.
8	Gross amount of this Local Agency Claim 19.
9	Federal Share Reimbursable (Line 8 x fed %) 20. % 21.
10	Net amount of Claim. 22.

RECOMMENDED FOR APPROVAL

24.
 INDOT OFFICIAL INITIATING THE CHARGE

24.
 DATE (Month, Day, Year)

I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.

Authorized Signature of State Agency	Date (Month, Day, Year)	
Pursuant to the provisions of Indiana Code 5-1-10-1, I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of the same has been paid.		
Signature of Vendor 23.	Official Title 23.	Date (Month, Day, Year) 23.



Purchase Order
INDOT Consulting
Indiana Department of Transportation
 Approved by Encompass Leadership Team – 2011

Order # Date Required Date Page
 4. & 4a. 1 of 1
 Requisition Number:
 Vendor ID: 6.
 Agency: 00800 Indiana Dept of Transportation
 Pay Terms: Invoice Due Upon Receipt
 Fund/Object/Center: 63200/ 583110 / 467040 5.

Vendor Remit to

Ship To

Vendor Name Address

Bill To

Vendor Contact Name:
 eMail:
 Phone:

Buyer Name:
 eMail:

Purchase Order Instructions & Comments

14.

Purchase Order Line Details

Item No	Description	(FOB Destination)	Qty Ordered	Qty Recd	UOM	Unit Price	Extended Amt
			1.0000	<input type="text"/>	EA		

Deliveries acceptable only between 8:00 AM and 4:30 PM, Monday through Friday

Units of Measure, Handling, Totals, Signatures

The following UN/CEFACT Unit of Measure Common Codes are used in this document:
 EA Each

This area left blank

Total PO Amt. \$

Issued by the Indiana Department of Transportation	CONFIRMATION OF RECEIPT	
	I certify that the items listed above were received. All commodities appeared to conform to specifications and showed no patent defects, except as otherwise noted.	
	Signature of State Employee Receiver	Date Signed(Month/Day/Year)
FUNDING ENCUMBERED BY THE AUDITOR OF STATE		
I certify that there is sufficient unencumbered balance in the above account to cover the amount of this order, and that funds have been set aside for payment thereof.		

Indiana Department of Transportation

