PUBLIC WORKS INVOICE INSTRUCTIONS

Each invoice submittal must contain the following in order to be processed by our accountants:

1. CONSTRUCTION INVOICE VOUCHER

A "master" of the UW Invoice Voucher can be prepared. Each month, make a photocopy, fill in the total from the Application & Certificate for Payment on Contract and sign this form.

2. RETAINAGE INVOICE VOUCHER

If the contractor elected to place their Retainage in an escrow account with a bank or trust company of the contractor's choice, a Retainage Invoice Voucher will need to be submitted.

3. APPLICATION AND CERTIFICATE FOR PAYMENT ON CONTRACT

This form summarizes all work on the project to date, including both Original Contract (Schedule of Values) and Change Orders.

4. MONTHLY SUBCONTRACTORS LIST AND CERTIFICATIONS

A "master" of this form should list all of the subcontractors as well as the dollar amounts for each sbe, dbe MWBE firm that has performed work on the site during the current pay period. Each month, make a photocopy, fill in the monthly totals, and sign this form. If no sbes, dbes, MWBEs, or other subcontractors worked during the billing period, check the appropriate boxes and sign the form.

5. STATEMENT OF APPRENTICE/ JOURNEY LEVEL WORKERS UTILIZATION

This form is to be used only on projects where required by the specifications. Please use this original Excel form each time you make a submittal as it contains macros that will allow you to easily calculate the utilization percentages.

Invoice Voucher (in Excel file) is available on our website: **cpd.uw.edu.**
Go to "Resources" and select "For Partners"
Select "For Contractors" on the right
Under Resources, select "Standard Contracts and Forms"
Click on "Public Works Invoice Template"
The forms can also be requested electronically from our general CPD Accounting email: **cpdactng@uw.edu**

Use the tabs below to move between worksheets.

CAPITAL PLANNING & DEVELOPMENT
UNIVERSITY of WASHINGTON

Date Received by UW

CONSTRUCTION INVOICE VOUCHER

Instructions to Vendor or Claimant: Submit this form to claim payment for materials, merchandise or services.	INVOICE DATE	INVOICE NUMBER	PURCHASE ORDER NO.
VENDOR/CLAIMANT-NAME		U.S TAXPAYER I.D. NUMBER	
REMITTANCE ADDRESS		**UNIVERSITY OF WASHINGTON**	
		PROJECT NUMBER	
CITY / STATE / ZIP CODE		PROJECT NAME	
VENDORS CERTIFICATE: I certify under penalty of perjury under the laws of the State of Washington that the totals listed herein are true, correct, and proper charges for materials, merchandise or services furnished to the University of Washington.			
SIGNATURE	DATE		

			Amount
Subtotal			-
plus Sales tax	%		-
less Retainage	%	[please specify type of retainage]	-
adjustment specify:			
Total amount due this request			$ -

DO NOT WRITE BELOW THIS LINE

ACCOUNTING DETAIL

Item Above	Budget Number	Expended Code			Cost including Sales Tax and Freight	Notes	LIQ
		OBJ	SUB	SSUB			
Purchase Order Number			**INVOICE TOTALS**		**$ -**	**Final Invoice?** ☐ **Yes** ☐ **No**	

Departmental Approval (Accounting)	Goods/ Services Received & Approved By	Approval Date
	Print Name & Sign	

CAPITAL PLANNING & DEVELOPMENT
UNIVERSITY of WASHINGTON

Date Received by UW

RETAINAGE INVOICE VOUCHER

Instructions to Vendor or Claimant: Submit this form to claim payment for materials, merchandise or services.	INVOICE DATE	INVOICE NUMBER	P. O. NO. FOR RETAINAGE
BANK NAME	C/O VENDOR/CLAIMANT NAME	U.S TAXPAYER I.D. NUMBER	
BANK'S REMITTANCE ADDRESS		**UNIVERSITY OF WASHINGTON**	
		PROJECT NUMBER	
CITY / STATE / ZIP CODE		PROJECT NAME	
VENDORS CERTIFICATE: I certify under penalty of perjury under the laws of the State of Washington that the totals listed herein are true, correct, and proper charges for materials, merchandise or services furnished to the University of Washington.			
SIGNATURE	DATE		

	Amount
Retainage Amount	
Total amount due this request	$ -

DO NOT WRITE BELOW THIS LINE

ACCOUNTING DETAIL

Item Above	Budget Number	Expended Code			Cost including Sales Tax and Freight	Notes	LIQ
		OBJ	SUB	SSUB			
Purchase Order Number			**INVOICE TOTALS**		**$ -**		

Departmental Approval (Accounting)	Goods/ Services Received & Approved By Print Name & Sign	Approval Date

CAPITAL PLANNING & DEVELOPMENT
UNIVERSITY of WASHINGTON

Invoice Date: _____

Invoice No.: _____

Page of : _____

APPLICATION AND CERTIFICATE FOR PAYMENT ON CONTRACT

Certificate for _____ payment. (partial/final) For the period from _____ to _____.

Contract:

Location:

Contractor:

Project No.: _____

Purchase Order No: _____

Original Contract Amount $

Change Order Numbers **thru** _____ $ _____

Adjusted Contract Amount $

Item No.	Schedule of Values Detail	Estimated Cost	Total Amount Earned	%	Previously Claimed	This Estimate
1			-	#DIV/0!		
2			-	#DIV/0!		
3			-	#DIV/0!		
4			-	#DIV/0!		
5			-	#DIV/0!		
6			-	#DIV/0!		
7			-	#DIV/0!		
8			-	#DIV/0!		
9			-	#DIV/0!		
10			-	#DIV/0!		
11			-	#DIV/0!		
12			-	#DIV/0!		
13			-	#DIV/0!		
14			-	#DIV/0!		
C/O No.	Change Orders Detail	(If details are on separate page, include total below)				
1			-	#DIV/0!		
2			-	#DIV/0!		
3			-	#DIV/0!		
4			-	#DIV/0!		
5			-	#DIV/0!		
6			-	#DIV/0!		
7			-	#DIV/0!		
8			-	#DIV/0!		
9			-	#DIV/0!		
10			-	#DIV/0!		
	Basic Contract (Schedule of Values) Total	$ -	$ -		$ -	$ -
	Change Orders Total	$ -	$ -		$ -	$ -
	Subtotal #1	$ -	$ -		$ -	$ -
	Sales Tax on Applicable Items 9.50%	-	-		-	-
	Subtotal #2	$ -	$ -		$ -	$ -
	Less Retainage (based on subtotal #1) 5.00%		-		-	-
	Net		$ -		$ -	$ -
	Less Previously Claimed		-			
	Adjustment (specify on main invoice)					
	Amount Due This Estimate		$ -			$ -

This is to certify that, the contractor, having complied with the terms of the above mentioned contract, there is due and payable from the State of Washington, the amount set after "Amount Due This Estimate."

_____ _____

CAPITAL PLANNING & DEVELOPMENT
UNIVERSITY *of* WASHINGTON

Invoice Date: _____

Invoice No.: _____

Page of : _____

APPLICATION AND CERTIFICATE FOR PAYMENT ON CONTRACT

Certificate for _____ payment. For the period from _____ to _____.
partial/final

Contract:

Location:

Contractor:

Project No.: _____

Purchase Order No: _____

Original Contract Amount $

Change Order Numbers
thru _____ $ _____

Adjusted Contract Amount $

Item No.	Schedule of Values Detail	Estimated Cost	Total Amount Earned	%	Previously Claimed	This Estimate

(Contractor) (Architect/Engineer)

CAPITAL PLANNING & DEVELOPMENT
UNIVERSITY of WASHINGTON

MONTHLY SUBCONTRACTORS LIST AND CERTIFICATIONS

Contracting Firm and Address	Project Name
0	0
	Project No. 0

Billing Period:	Purhase Order No.	Invoice Date:	Invoice Number
1/0/1900 through 1/0/1900	0	1/0/1900	0

Business Equity Subcontractors and Suppliers

1. Firm Name	2. Intent No.	3. Federal Tax Payer ID Number	4. Select all that apply: sbe/dbe	4. Select all that apply: Woman-owned (W) or Minority owned (M)	5. OMWBE Certification number (if applicable)	Amount Paid Through the End of Previous Billing Period	Amount Paid During This Billing Period	Total Paid to Date
			☐ sbe ☐ dbe	☐ W ☐ M				-
			☐ sbe ☐ dbe	☐ W ☐ M				-
			☐ sbe ☐ dbe	☐ W ☐ M				-
			☐ sbe ☐ dbe	☐ W ☐ M				-
			☐ sbe ☐ dbe	☐ W ☐ M				-
			☐ sbe ☐ dbe	☐ W ☐ M				-
			☐ sbe ☐ dbe	☐ W ☐ M				-

All Other Subcontractors (& Suppliers)

Firm Name	Intent No.	Firm Name	Intent No.	Firm Name	Intent No.

INVOICE ATTACHMENT--INSTRUCTIONS

1. Report payments made by your firm during this billing period to subcontractors/suppliers who are small business entities, disadvantaged business enterprises, and/or minority or woman-owned. Only report payments already made during this pay period, not payments you expect to make in the future from the payment of this invoice. Do not "self report" payments made by UW/CPD to your firm even if your firm is sbe, dbe, or MWBE.
2. Indicate whether the firm is a small business entity (sbe), a disadvantaged business enterprise (dbe), or is minority owned or woman-owned (MWBE): (50% + owned and controlled by a person who are woman or members of a minority group).
3. Where there is no payment to report, enter "$0.00."
4. Contact your UW/CPO Construction Manager with any questions.

Definitions:

Small Business Entity: An in-state business, including a sole proprietorship, corporation, partnership, or other legal entity, that:

(a) Certifies, under penalty of perjury, that it is owned and operated independently from all other businesses and has either:

(1) Fifty or fewer employees:

(2) **or** gross revenue of less than seven million dollars annually, averaged over the previous three consective years;

(3) **or** is certified by the Office of Minority and Women Business Enterprises (OMWBE)

Disadvantaged Business Enterprise: Any business entity certified by the OMWBE.

Certifications:

1) I have listed **all** of the subcontractors of any tier who performed work on the project site and suppliers who provided materials in excess of $2,500 during the current billing period noted above (regardless of whether my application for payment includes a payment request for their work).

2) Prevailing wages for this period have been paid in accordance with the prefiled statement or statements of intent to pay prevailing wages, approved by the Industrial Statistician of the Department of Labor and Industries, which are on file with the Owner.

3) I have paid all of my subcontractors and materials suppliers for the invoice covering the previous billing period (this amount less retainage) (not applicable if this is the first billing period).

I certify under penalty of perjury the laws of the State of Washington that all of the above information and certification statements are true and correct, except for the information in column 4 in the Business Equity Section, above.

Authorized Signature of Contractor:	Printed Name: Printed Title:	Date Signed:
Fill out this form and submit it with your invoice and as part of your Application for Payment		UW ACM Review Initials:

CAPITAL PLANNING & DEVELOPMENT
UNIVERSITY of WASHINGTON

STATEMENT OF APPRENTICE/ JOURNEY LEVEL WORKERS UTILIZATION

Contractor's Name & Address:	Project Name:	Contract No.:
0 0 0	0	0
	Contract Award Amount	Notice to Proceed Date

Reporting Period: 1/0/1900 through 1/0/1900

Required Apprenticeship Percentage:

APPRENTICE SUMMARY

Apprentice Name	Craft or Trade	Apprentice Registration Number	Name of Contractor or Subcontractor	Apprentices	
				Total Number	Hours Worked

JOURNEY LEVEL WORKERS SUMMARY

	Craft or Trade		Name of Contractor or Subcontractor	Journey	
				Total Number	Hours Worked

Apprentice total hours worked this period:	0
Journey level workers total hours worked this period:	0

	Previous Total	New Total	Percentage
Cumulative Apprentice labor hours brought forward from last reporting period:		0	#DIV/0!
Cumulative Journey level workers labor hours brought forward from last reporting period:		0	

I, the undersigned, do hereby certify under penalty of perjury that the information provided herein represents the true and correct hourly totals for Apprentice/ Journey level workers utilization during this reporting period.

Authorized Signature of Contractor:	Printed Name: Printed Title:	Date Signed:
Fill out this form and submit it with your invoice and as part of your Application for Payment		UW ACM Review Initials: