

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, dbbe 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.

6. SAFETY REPORT

This form is to be filled out with each invoice summarizing the safety data for the billing month and year-to-date totals.

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.



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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Departmental Approval (Accounting)				Goods/ Services Received & Approved By		Approval Date	
				Print Name & Sign			

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			Approval Date		
				Print Name & Sign					

APPLICATION AND CERTIFICATE FOR PAYMENT ON CONTRACT

Certificate for _____ payment. <div style="text-align: center; font-size: small;">partial/final</div>		For the period from _____ to _____.	
Contract: _____		Project No.: _____	
Location: _____		Purchase Order No.: _____	
Contractor: _____			
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."

(Contractor)

(Architect/Engineer)

MONTHLY SUBCONTRACTORS LIST AND CERTIFICATIONS

Contracting Firm and Address 0		Project Name 0	
Billing Period: 1/0/1900 through 1/0/1900		Purchase Order No. 0	Invoice Date: 1/0/1900
		Invoice Number 0	

Business Equity Subcontractors and Suppliers

1. Firm Name	2. Intent No.	3. Federal Tax Payer ID Number	4. Select all that apply		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	Woman-owned (W) or Minority owned (M)				
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-

All Other Subcontractors and Suppliers

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

INVOICE ATTACHMENT--INSTRUCTIONS

- 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, db, or MWBE.
- Indicate whether the firm is a small business entity (sbe), a disadvantaged business enterprise (db), or is minority owned or woman-owned (MWBE): (50% + owned and controlled by a person who are woman or members of a minority group).
- Where there is no payment to report, enter "\$0.00."
- 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:

- Fifty or fewer employees;
- or gross revenue of less than seven million dollars annually, averaged over the previous three consecutive years;
- or is certified by the Office of Minority and Women Business Enterprises (OMWBE)

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

Certifications:

- 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).
- Prevailing wages for this period have been paid in accordance with the prefled 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.
- 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:	Date Signed:
	Printed Title:	
Fill out this form and submit it with your invoice and as part of your Application for Payment		UW ACM Review Initials:

UNIVERSITY *of* WASHINGTON

**MONTHLY SUBCONTRACTORS
BUSINESS EQUITY PAGE 2**

Contracting Firm and Address 0		Project Name 0	
		Project No. 0	
Billing Period: 1/0/1900 through 1/0/1900	Purchase Order No. 0	Invoice Date: 1/0/1900	Invoice Number 0

Business Equity Subcontractors and Suppliers

[illegible]



MONTHLY SUBCONTRACTORS
ALL OTHER PAGE 3

Contracting Firm and Address 0		Project Name 0	
		Project No. 0	
Billing Period: 1/0/1900 through 1/0/1900	Purchase Order No. 0	Invoice Date: 1/0/1900	Invoice Number 0

All Other Subcontractors and Suppliers

[illegible]

STATEMENT OF APPRENTICE/ JOURNEY LEVEL WORKERS UTILIZATION

Contractor's Name & Address: 0 0 0	Project Name: 0	Contract No.: 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:	Date Signed:
	Printed Title:	

Fill out this form and submit it with your invoice and as part of your Application for Payment	UW ACM Review Initials:
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MONTHLY SAFETY REPORT

Project Name:	0			UW Project Number:	0	
Construction Start Date:		Construction End Date:				
Data for Billing Period of:		Date Submitted:				
Check here if in the construction phase but not yet mobilized or if substantially complete with no activity on site.						
INCIDENT TYPES	Number of Cases			Incident Rates (%)		
	Current Month	Year to Date	Project to Date	Current Month	Year to Date	Total Project
OSHA Recordable Incidents						
DART Incidents						
Lost Work Incidents						
Non-recordables, near misses, etc.						
				Number of Cases		
RECORDABLE INCIDENTS + COMPLETE UW CONTRACT NOTIFICATION REQUIREMENTS 01 35 23 1.5				Current Month	Year to Date	Project to Date
Classify Incident type:						
Fall (e.g. slips, trips, floors, platforms, roofs)						
Struck by/against (e.g.falling objects, vehicles)						
Sprain/Strain/Laceration/Debris in eye						
Caught in/between (e.g.cave-ins, unguarded machinery, equipment)						
Electrical (e.g., overhead power lines, power tools/cords, outlets, wiring)						
Spills/Releases (e.g. hazmat/reg building material - air/water/ground)						
Other (other items e.g. regulatory violations/deficiencies)						
EMPLOYMENT INFORMATION (include direct employee and subcontract employees on site)						
Average Daily Number of Employees (FTE's)						
Total Hours Worked by Employees						
PROJECT SAFETY ACTIVITIES						
Safety Orientations Completed						
Safety Huddles/Tool Box/Similar Activities Completed						
Documented Safety Inspections/Hazard Observations Completed						
Incident investigation reports completed (Root Cause Analysis/Improvement)						
Safety Recognition Events (lunches/giveaways)						
Other (other items e.g. Work permits and JHAs completed and accurate)						
Contractor Firm Name			Contractor Representative		Date	
0			Print Name & Sign			
Reviewed by UW Construction Project Manager			Date			
Print Name & Sign						