CAPITAL PROJECTS OFFICE
UNIVERSITY of WASHINGTON

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 MBE or WBE firm that have 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 MBEs, WBEs, or other subcontractors worked during the billing period, check the appropriate boxes and sign the form.

Invoice Voucher (in Excel file) is available on our website: **www.cpo.washington.edu.**
Click on Standard Contracts and Forms (under Business Opportunities)
Then click on Public Works Invoice Template. The forms can also be requested electronically from our general CPO Accounting email: **cpoactng@u.washington.edu**
To be part of our E-Payment System (direct deposit) click on website below:

http://www.bankofamerica.com/paymode/universityofwashington

CAPITAL PROJECTS OFFICE
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 OBJ	SUB	SSUB	Cost including Sales Tax and Freight	Notes	LIQ

Purchase Order Number	INVOICE TOTALS	$ -	**Final Invoice?** ☐ **Yes** ☐ **No**

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

CAPITAL PROJECTS OFFICE
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	Approval Date

CAPITAL PROJECTS OFFICE
UNIVERSITY of WASHINGTON

Invoice Date: _____
Invoice No.: _____
Page 1 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 9.00%	-	-		-	-
	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)

CAPITAL PROJECTS OFFICE
UNIVERSITY of WASHINGTON

MONTHLY SUBCONTRACTORS LIST AND CERTIFICATIONS

Contracting Firm and Address			Project Name Project No.
Billing Period: **through**	Purhase Order No.	Invoice Date:	Invoice Number

Business Equity Subcontractors and Suppliers

1. Firm Name	2. Intent No.	3.Federal Tax Payer ID Number	4. sbe/dbe	5. Minority owned (M) or Woman-owned (W)	6. 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	M W				-
			sbe dbe	M W				-
			sbe dbe	M W				-
			sbe dbe	M W				-
			sbe dbe	M W				-
			sbe dbe	M W				-

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/CPO 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 columns 4 and 5 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