
Required Standards for Consultant Invoices

Purpose:

The introduction of the Maryland Financial Management Information System (FMIS) has led us to examine our current consultant invoice payment processing. In order to facilitate payments, reduce the documentation burden on consultants, and simplify our internal procedures, we have developed standards for preparing consultant invoices.

Applicability:

These standards are applicable to all SHA Architectural & Engineering contracts including design and construction inspection contracts. They apply to prime consultants, subconsultants, and joint venture firms on open-end, project specific, lump sum, and all-inclusive contracts.

Effective Dates:

The provisions of this directive are required for all new contracts entered into on or after July 1, 1997. However, copies of source documentation for direct labor and other direct expenses are required to be submitted unless the summaries are attached, as described in this directive.

Information Requirements:

Consultants are required to submit invoices (original and two copies) containing the information detailed in the Consultant Billing Requirements, Sections A to K in this directive. Those individual items marked “optional”, while not required, are considered helpful and should be provided, if feasible. Subconsultants are required to provide the same information to the prime consultant.

Any revisions to the requirements, as may be needed from time to time, will be issued by the SHA Office of Procurement and Contract Management. Any additional requirements will be dictated by the contract or by SHA’s official liaison for each contract. Invoices submitted after the effective date without all of the required information may be returned to the consultant.

The sample invoice formats contain all of the required fields for information and are available on this website. A sample of the invoice format to be used by each consultant, if different from SHA’s, should be submitted to the SHA Office of Procurement and Contract Management for approval prior to the use of that format by the consultant.

An invoice should be submitted monthly for all work completed under a contract during the current billing period. Separate invoices for each task should not be submitted.

Documentation Requirements:

As long as the required information is provided as described in this directive, no source documentation or copies of such are required to be attached to the invoice for payment purposes. However, the consultant and subconsultants are required to maintain adequate source documentation for audit purposes.

Additional Notes:

The cost data referred to in sections B, E, G, and H must be delineated by the following cost categories: Direct Labor, Payroll Burden & Overhead (PB&OH), Fixed Fee, Other Direct Expenses, Principals' Time, and Subconsultants' Costs. There must be subtotals for the Direct Labor and PB&OH together and subtotals for the prime consultant's cost and the combined subconsultants' costs. The PB&OH rate and applicable Fixed Fee must also be disclosed.

Regardless of the other requirements, all pages submitted must contain, at a minimum, the applicable Contract No. (usually with a BCS prefix), Invoice No., and Invoice Date. Each invoice number must be a unique number, i.e., the same number should not be used more than once. To avoid problems, it is suggested that the contract number minus the alphabet prefix be used as the first numbers in the invoice number. For example, if the contract number is BCS97-19, then the first invoice would be numbered 97-19-1 and the second invoice would be numbered 97-19-2 and so on.

The Committed Funds Summary (Section E) and the Summary of Cost Data by Fiscal Year (Section G), while not required for invoice payment purposes, may be required by individual project managers or the SHA Office of Procurement and Contract Management at times during the life of the contract. The former will probably be requested semiannually, while the latter will be requested at least annually.

Original: 06/12/1997
Revised: 01/31/2003
Revised: 03/31/2008
Revised: 06/01/2018

Consultant Billing Requirements

| | | Design | Inspection |
|------------------|-----------------------------------------------------------------------------------------------------------------|---------------|-------------------|
| Section A | Required Fields of Information on First Page: | ✓ | ✓ |
| 1 | To: MD State Highway Administration | ✓ | ✓ |
| 2 | SHA Contract Manager | ✓ | ✓ |
| 3 | Contract Manager Address | ✓ | ✓ |
| 4 | Brief Contract Description | ✓ | ✓ |
| 5 | Contract No. (usually has BCS prefix) | ✓ | ✓ |
| 6 | Consultant Job No. (optional) | ✓ | ✓ |
| 7 | Unique Invoice Number | ✓ | ✓ |
| 8 | Federal ID No. | ✓ | ✓ |
| 9 | Invoice Date | ✓ | ✓ |
| 10 | Invoice Period | ✓ | ✓ |
| 11 | Consultant Company Name | ✓ | ✓ |
| 12 | Consultant Address | ✓ | ✓ |
| 13 | Consultant Phone No. | ✓ | ✓ |
| 14 | Board of Public Works (BPW) Information: (If applicable. Usually applies to all contracts \$100,000 or more) | ✓ | ✓ |
| 15 | BPW Date | ✓ | ✓ |
| 16 | Item No. | ✓ | ✓ |
| 17 | Page No. | ✓ | ✓ |
| 18 | Date of Original Agreement | ✓ | ✓ |
| 19 | Agreement Expiration Date | ✓ | ✓ |
| 20 | Total Amount Billed This Invoice (In sample Invoice, this is contained in the Billed This Invoice column) | ✓ | ✓ |
| 21 | SHA Invoice Approved Information box with space for: (optional) | ✓ | ✓ |
| 22 | Authorized Signature | ✓ | ✓ |
| 23 | Voucher ID # | ✓ | ✓ |
| 24 | Index # | ✓ | ✓ |
| | | | |
| Section B | Contract Cost Summary Information: | | |
| 25 | Contract Budget | ✓ | ✓ |
| 26 | Billed This Invoice (highlight optional) | ✓ | ✓ |
| 27 | Previously Billed (optional) | ✓ | ✓ |
| 28 | Contract-to-date Billed | ✓ | ✓ |
| 29 | Amount Remaining | ✓ | ✓ |

| | | | |
|------------------|-----------------------------------------------------------------------------------------------------------|----------------------|--------------------------|
| 30 | Percent (%) of Budget Expended (optional) | ✓ | ✓ |
| 31 | Signature Certification that the information submitted is accurate and that subcontractors have been paid | ✓ | ✓ |
| 32 | Signature Certification Date | ✓ | ✓ |
| | | | |
| Section C | Task Order Cost Summary Information: (Design only) | <u>Design</u> | <u>Inspection</u> |
| 33 | Task Order Nos. | ✓ | |
| 34 | Project Names/Task Descriptions | ✓ | |
| 35 | Charge Nos. (FMIS Nos.) | ✓ | |
| 36 | Task Budgets Required | ✓ | |
| 37 | Billed This Invoice | ✓ | |
| 38 | Previously Billed (optional) | ✓ | |
| 39 | Task-to-date Billed | ✓ | |
| 40 | Amounts Remaining | ✓ | |
| 41 | Percent (%) of Budget Expended (optional) | ✓ | |
| | | | |
| Section D | Summary of Costs By Project Number: (Inspection only) | | |
| 42 | FMIS Project No. | | ✓ |
| 43 | Direct Labor By Project No. | | ✓ |
| 44 | Payroll Burden & Overhead By Project No. | | ✓ |
| 45 | Fixed Fee By Project No. | | ✓ |
| 46 | Overtime Labor By Project No. | | ✓ |
| 47 | Other Direct Cost By Project No. | | ✓ |
| 48 | Subtotals for Prime(s) | | ✓ |
| 49 | Subconsultant(s) Summary Cost | | ✓ |
| 50 | Total Cost | | ✓ |
| | | | |
| Section E | Committed Funds Summary Information: (optional) | | |
| 51 | Contract Budget | ✓ | |
| 52 | Total Committed Funds | ✓ | |
| 53 | Total Uncommitted Funds | ✓ | |
| 54 | Percent (%) Committed Funds | ✓ | |
| | | | |
| Section F | Summary of Costs By Joint Venturer: (if applicable) | | |
| 55 | Consultant Name | ✓ | ✓ |
| 56 | Percent of contract allocated to firm (optional) | ✓ | ✓ |
| 57 | Contract Budget Amount | ✓ | ✓ |
| 58 | Billed This Invoice | ✓ | ✓ |

| | | | |
|------------------|-------------------------------------------------------------------------------|----------------------|--------------------------|
| 59 | Previously Billed (optional) | ✓ | ✓ |
| 60 | Contract-to-date Billed | ✓ | ✓ |
| 61 | Amount Remaining | ✓ | ✓ |
| 62 | Percent of Budget Remaining (optional) | ✓ | ✓ |
| | | | |
| Section G | Summary of Cost Data By Fiscal Year: (optional) | | |
| 63 | Total Contract Budget | ✓ | ✓ |
| 64 | Billed Costs for each Fiscal Year | ✓ | ✓ |
| | | | |
| | | | |
| Section H | Individual Task Information: (Must be separate page for each task.) | <u>Design</u> | <u>Inspection</u> |
| 65 | Task Order No. | ✓ | |
| 66 | Project Name/Task Description | ✓ | |
| 67 | FMIS No. | ✓ | |
| 68 | Company Task Manager | ✓ | |
| 69 | SHA Task Manager | ✓ | |
| 70 | Task Budget | ✓ | |
| 71 | Billed This Invoice | ✓ | |
| 72 | Previously Billed (optional) | ✓ | |
| 73 | Task-to-date Billed | ✓ | |
| 74 | Amount Remaining | ✓ | |
| 75 | Percent (%) of Budget Expended (optional) | ✓ | |
| | | | |
| Section I | Direct Labor Distribution Information: (Each task on a separate page.) | | |
| 76 | Contract No. | ✓ | |
| 77 | Period covered | ✓ | |
| 78 | Task No. | ✓ | |
| 79 | FMIS No. | ✓ | |
| 80 | Consultant Job No. (optional) | ✓ | |
| 81 | Work Order No. (optional) | ✓ | |
| 82 | Name of Employee No. | ✓ | |
| 83 | Classification | ✓ | |
| 84 | Rate of Pay | ✓ | |
| 85 | Hours Worked (summarized by week okay) | ✓ | |
| 86 | Total Pay (summarized by week okay) | ✓ | |
| 87 | Signature Certification that the payroll information is correct | ✓ | |
| 88 | Signature Date | ✓ | |
| | | | |

| Section J | Summary of Other Direct Costs: (Each task on a separate page.) | | |
|------------------|---------------------------------------------------------------------------|---------------|-------------------|
| 89 | Task Description (optional) | ✓ | |
| 90 | Task No. | ✓ | |
| 91 | FMIS No. | ✓ | |
| 92 | Mileage Data: | ✓ | |
| 93 | Employee Name | ✓ | |
| 94 | Date | ✓ | |
| 95 | No. of Miles | ✓ | |
| 96 | Rate | ✓ | |
| 97 | Total Cost | ✓ | |
| 98 | Meal Data: | ✓ | |
| 99 | Employee Name | ✓ | |
| 100 | Date | ✓ | |
| | | Design | Inspection |
| 101 | Breakfast Cost | ✓ | |
| 102 | Lunch Cost | ✓ | |
| 103 | Dinner Cost | ✓ | |
| 104 | Total Cost | ✓ | |
| 105 | Lodging Data: | ✓ | |
| 106 | Employee Name | ✓ | |
| 107 | Date | ✓ | |
| 108 | Hotel/Motel Name | ✓ | |
| 109 | Cost | ✓ | |
| 110 | External Printing: | ✓ | |
| 111 | Vendor Name | ✓ | |
| 112 | Date of Vendor Invoice | ✓ | |
| 113 | Total Cost | ✓ | |
| 114 | Internal Printing: (Photocopies, etc.) | ✓ | |
| 115 | No. of Copies | ✓ | |
| 116 | Rate | ✓ | |
| 117 | Total Cost | ✓ | |
| 118 | Other External Costs: | ✓ | |
| 119 | Description | ✓ | |
| 120 | Vendor | ✓ | |
| 121 | Date of Vendor Invoice | ✓ | |
| 122 | Total Cost | ✓ | |
| 123 | Other Internal Costs: | ✓ | |
| 124 | Description | ✓ | |
| 125 | Basis | ✓ | |
| 126 | Total Cost | ✓ | |
| | | | |

| Section K | Labor & Other Direct Expenses: (Inspection Only) | | |
|----------------------|-----------------------------------------------------------------|--|---|
| 127 | Employee Name | | ✓ |
| 128 | Project No. | | ✓ |
| 129 | Employee Classification | | ✓ |
| 130 | Hourly Rate | | ✓ |
| 131 | Overtime Premium Rate | | ✓ |
| 132 | Hours Worked | | ✓ |
| 133 | Labor Cost | | ✓ |
| 134 | Applied Payroll Burden & Overhead | | ✓ |
| 135 | Fixed Fee (optional) | | ✓ |
| 136 | Total Labor, PB&OH, Fixed Fee per Employee (optional) | | ✓ |

