

INVOICE REVIEW CHECKLIST

Reviewer:	Project Name:
Consultant:	Project No.:
Date Received:	Invoice No.:
Date Reviewed:	Date to CM:

1. Are the following Direct Expenses charged correctly?	Yes	No	N/A
Lodging – (Allowable charge is Contract Specific), see www.gsa.gov Mileage – (max. IRS rate set January 1 each year) Meals – (actual receipt not to exceed GSA rate), see www.gsa.gov			

2. Is Percent of Work complete within 10% of the Labor/Hours expended?	Yes	No	N/A
Is this acceptable? Is the PROGRESS REPORT & NARRATIVE attached? Has the maximum DIRECT LABOR allowed been exceeded? Is the MAXIMUM FEE (the ‘Not to Exceed’ amount) correctly stated? (apply above questions to On-Call Statewide contracts as well)			

3. Any contract amendments/changes/corrections regarding:	Yes	No	N/A
If “Yes” what has changed	Yes	No	
Fixed Fee %			
Overhead Cost %			
Completion Date			
Direct Labor/Direct Expenses			
Hourly Rate/Billing Rate			
Reallocation of Funds			

4. Is the APPLICATION FOR PAYMENT Sheet signed by the Consultant?
5. Is the PROJECT NAME, NUMBER, TASK ORDER NUMBER and WCC correct?
6. Is NHDOT NOTICE TO PROCEED LETTER(s) attached?
7. Is the OVERHEAD RATE % correct?
8. Is the FIXED FEE PERCENT/FORMULA correct?
9. Is the Invoice APPROVED for Payment?

COMMENTS/ANYTHING UNIQUE TO THIS CONTRACT?

Reviewer Signature: _____ Extension: _____ Date: _____

PLEASE RETURN TO CONTRACT MANAGER WITH INVOICE PACKAGE.