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](http://www.gsa.gov) [ ]  [ ]  [ ]

 Mileage – (max. IRS rate set January 1 each year) [ ]  [ ]  [ ]

 Meals – (actual receipt not to exceed GSA rate), see [www.gsa.gov](http://www.gsa.gov) [ ]  [ ]  [ ]

1. Is Percent of Work complete within 10% of the Labor/Hours expended?

 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)

1. Any contract amendments/changes/corrections regarding: [ ]  [ ]  [ ]

 If “Yes” what has changed Yes No

 Fixed Fee % [ ]  [ ]

 Overhead Cost % [ ]  [ ]

 Completion Date [ ]  [ ]

 Direct Labor/Direct Expenses [ ]  [ ]

 Hourly Rate/Billing Rate [ ]  [ ]

 Reallocation of Funds [ ]  [ ]

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

COMMENTS/ANYTHING UNIQUE TO THIS CONTRACT? Click here to enter text.