

# LPA INVOICE VOUCHER INSTRUCTIONS State Form 52663 (R2 / 6-16)

Revised 10-26-16

- An LPA Invoice Voucher must be included with each claim submitted. The current LPA Invoice Voucher is posted on INDOT's Web site at [http://www.in.gov/indot/files/LPA\\_Invoice\\_Voucher\\_SF\\_52663 - R2\\_6-16.xls](http://www.in.gov/indot/files/LPA_Invoice_Voucher_SF_52663_-_R2_6-16.xls).
- The LPA Invoice Voucher and claims can be submitted as copies.
- The LPA Invoice Voucher **must** be electronically submitted via email to the appropriate INDOT Districts:

Crawfordsville District	<a href="mailto:Crawfordsvilleinvoices@indot.in.gov">Crawfordsvilleinvoices@indot.in.gov</a>
Fort Wayne District	<a href="mailto:Fortwayneinvoices@indot.in.gov">Fortwayneinvoices@indot.in.gov</a>
Greenfield District	<a href="mailto:Greenfieldinvoices@indot.in.gov">Greenfieldinvoices@indot.in.gov</a>
LaPorte District	<a href="mailto:Laporteinvoices@indot.in.gov">Laporteinvoices@indot.in.gov</a>
Seymour District	<a href="mailto:Seymourinvoices@indot.in.gov">Seymourinvoices@indot.in.gov</a>
Vincennes District	<a href="mailto:Vincennesinvoices@indot.in.gov">Vincennesinvoices@indot.in.gov</a>

- \* **All LPA Invoice Vouchers for Countywide Bridge Inspection and Inventory Program projects must be submitted to [Greenfieldinvoices@indot.in.gov](mailto:Greenfieldinvoices@indot.in.gov).**

- The LPA should submit no more than and no less than one billing per every 30-45 days to INDOT. Consultants should submit no more than and no less than one billing per every 30-45 days to the LPA. Purchase Orders (PO's) are considered inactive after 45 days of no financial activity. Inactive PO's are at the risk of being closed.

The FHWA states that federal funds are "reimbursement funds." It is INDOT's policy that the LPA is required to make payment to the Payee prior to submitting an LPA Invoice Voucher to the Assigned Program Coordinator for reimbursement. **A legible copy of the cancelled check (front and back) to the Payee or, in the case of direct deposit, a copy of the electronic funds transfer (EFT) must accompany each invoice voucher including supporting documentation.** When proof of payment exceeds reimbursement requested, a breakdown of proof of payment is required.

- The LPA should not submit an LPA Invoice Voucher prior to receiving a copy of the Purchase Order from INDOT.
- The LPA ERC's are responsible for completing the LPA Invoice Voucher.
- Per Section 5-5.02 Invoice Review of this document – "Invoices are to be reviewed for accuracy and approved by the ERC before payment." Proof of ERC review needs to be provided when requesting reimbursement. Examples of proof could be, but not limited to:
  - 1) The ERC's signature on the LPA Invoice Voucher,
  - 2) The ERC's signature on the Accounts Payable Claim submitted for payment by the LPA, or
  - 3) The ERC's signature on the Consultant Invoice.

- It is the LPA's responsibility to track Federal Funding Allocation awarded to their project and each Purchase Order (PO) assigned to their project. A sample spreadsheet for tracking Federal Fund Allocation and Purchase Orders is posted on the LPA Web site at [http://www.in.gov/indot/files/Federal\\_Funds\\_Allocation\\_Log\\_6-27-16.xls](http://www.in.gov/indot/files/Federal_Funds_Allocation_Log_6-27-16.xls). INDOT highly recommends submission of the Purchase Order Tracking Log with each LPA Invoice Voucher. The LPA is required to submit the Purchase Order Tracking Log with submission of LPA Invoice Voucher Claim #99 (Final).

☀ ***For each 30-45 day period there will not be a billing by the LPA, an email or letter should be submitted to the Assigned Program Coordinator and Program Manager stating there were no invoices submitted for that period and billing will continue the next month unless another email or letter is submitted. Should this procedure be utilized for more than 9 consecutive months, the PO will be at risk of being closed and the project funds will become inactive and no longer available.***

The **supporting documentation** required to be submitted with the LPA Invoice Voucher for the following types of contracts is listed below:

- Labor Rate Multiplier Contracts
- Negotiated Labor Rate Contracts

- ☼ Supporting documentation does not have to be original.
- ☼ Time documents for each billed employee:
  - Identify the employee and classification
  - Project
  - Date
  - Weekly Timesheets - must include breakdown of hours worked on each day of the week.
    - In the event of overtime, the weekly timesheet is needed to determine if overtime is billable for the project.
  - Direct labor for cost reimbursable agreements MUST be billed/invoiced by employee name and by the labor classification, since these agreements state reimbursement at "actual" cost.
- ☼ Payroll Records are required for LPA force projects, and union pay scales for some utilities and railroads.
- ☼ Expense reports and supporting receipts for billed direct non-salaried costs (DNS costs). These expenses may include, but are not limited to:
  - Meals (only if trip included an overnight stay)
  - Lodging
  - Mileage

☀ ***Please keep in mind that INDOT will only reimburse the LPA the maximum allowable limit under the State's Travel Policy for meals, lodging and mileage. The State's Travel Policy can be found on IDOA's Web site at [http://www.in.gov/sba/files/FMC\\_2014-1.pdf](http://www.in.gov/sba/files/FMC_2014-1.pdf). Because IDOA policies change periodically, please verify current travel policies prior to billing.***

- Equipment Rentals (Generally allowed only if rented from a third unrelated party)
- Field Supplies
- Materials

✧ Mileage Records/Log must identify:

- Project
- Date
- Employee
- Vehicle used
- Beginning and Ending miles (Odometer readings)
- Departure location and arrival location
- This information may be recorded on an expense report or some document other than a mileage log.

— Lump Sum Contracts

- ✧ Supporting documentation does not have to be original.
- ✧ Monthly Progress Report – must show percent of each “task” completed during that billing cycle based on the “tasks” included in the LPA–Consultant Contract as well as the total percent of each “task” completed to date.

— Cost Plus Fixed Fee Contracts

- ✧ Supporting documentation does not have to be original.
- ✧ Time sheets, expenses reports with supporting receipts, etc. (see specifics above) for the corresponding charges on the invoice and the Monthly Progress Report for those corresponding charges on the invoice.

**When overhead rates change during the life of a contract, consulting firms should begin billing at the revised rates when they go into effect. Overhead rates are usually adjusted at the beginning of a State fiscal year after a review by INDOT Audit.**

## LPA Invoice Voucher Completion Instructions

The LPA ERC's are responsible for completing the LPA Invoice Voucher.

Invoices submitted to INDOT for payment which are not in compliance with the contract and these instructions will be rejected and returned to the LPA for correction prior to reimbursement.

INDOT personnel are restricted from making any changes to any invoice or claim voucher. All changes must be edited by the LPA.

INDOT cannot accept LPA INVOICE VOUCHERS which are hand completed except in areas noted below. The signature of the Vendor is the ONLY place where handwritten is acceptable.

The numbers below correspond to the red numbers shown on the LPA Invoice Voucher following these instructions. LPA MUST complete all areas shaded in gray to allow for reimbursement processing.

In addition, any number that references information from the Purchase Order will correspond to the blank example Purchase Order (also following these instructions) showing where the information is located.

1. **LPA'S NAME AND REMIT TO ADDRESS** – This Information must match the vendor information in the Remit to box located on the Purchase Order (PO). This address has been approved through the Auditor of State and is the address where the payments for claims will be sent.
2. **TO: INDIANA DEPARTMENT OF TRANSPORTATION, CARE OF** – Drop Down Menu. Select the appropriate District Program Coordinator. The address will be Auto Populated based on the District Program Coordinator Selection. Keep in mind that the claims **must** be submitted electronically to each District email inbox address as shown on page 1.

**NOTE:** All claims for Countywide Bridge Inspection and Inventory Program projects must be sent electronically to the Greenfield District Program Coordinator at the email inbox address on page 1.

3. **PO Number** – Enter the PO Number of PO that funds are being deducted from.
  - 3a. This space is auto populated upon data entry in number 3.
4. **Net Amount of Claim** – This amount is auto populated from **Line Item No. 10 (Net amount of claim)** - number 19.
5. **Vendor Code** – Enter the Vendor (Vendor ID) number shown on the PO that funds are being deducted from for your City/Town/County. This is the digit number on the PO preceded by zeros.
6. **Invoice Number** – Enter a referencing number based on supporting documentation for which the LPA is requesting reimbursement. This reference number is typically a consultant invoice number or in case of a claim for right-of-way, a Parcel Identification number. **One reference number per line, DO NOT combine invoices or parcels.**
  - 6a. & 6b. Available for entering additional referencing numbers based on supporting documentation for which the LPA is requesting reimbursement. This reference number is typically a consultant invoice number or in case of a claim for right-of-way, a Parcel Identification number.

7. **Amount** – Enter the gross amount from the supporting documentation corresponding to the entered Invoice Number the LPA is requesting reimbursement.  
7a. & 7b. Available for entering the additional gross amounts from the supporting documentation corresponding to the entered additional Invoice Voucher Numbers the LPA is requesting reimbursement.
8. **Line Item No. 1 (Claim No.)** – The first claim should be number 001 and continue in sequence until the final claim for a PO is ready for submission. The final claim for a PO **MUST** be numbered 099, which indicates the final claim. When a project has multiple PO's, claim numbers start at 001 with the final claim being 099 for each individual PO. **CLAIM NUMBER SEQUENCE DOES NOT CONTINUE WHEN PROJECT HAS MULTIPLE PO'S.**
9. **Line Item No. 1 (Des. No.)** – Enter the Des. No. that is assigned to the project. The Des. No. can be found on the front page of the INDOT-LPA Contract. The Assigned Program Director is available if you have questions.
10. **Line Item No. 2 (This claim voucher is for:)** – Drop Down Menu. Select the phase of the work the LPA Invoice Voucher covers.
11. **Line Item No. 3 (Project Description:)** – Enter the description of the project as shown in the INDOT-LPA Contract. The Assigned Program Director is available if you have questions.
12. **Line Item No. 4 (Period covered by this claim.)** – Enter the time period the work occurred and reimbursement is being requested. Time periods covered for the duration of a PO must be sequential with no time lapses or gaps. If no work occurred during a particular time period, the gap time period needs to be reflected on the claim and on all supporting documentation. It is an INDOT policy that a service period must be at least 30 days or greater.
13. **Line Item No. 5 (Gross amount of previous claims)** – Enter the Gross amount of previous claims that have been submitted for reimbursement. The LPA should be maintaining their own records in order to know the amount to enter, but the Assigned Program Coordinator is available if you have questions. The Gross amount of previous claims is tracked per PO. The Gross amount of previous claims **does not** extend over multiple PO's.
14. **Line Item No. 6 (Net amount of previous claims)** – Enter the amount of federal reimbursements for previous claims that have been submitted for reimbursement. The LPA should be maintaining their own records, but the Assigned Program Coordinator is available if you have questions. The Net amount of previous claims is tracked per PO. The Net amount of previous claims **does not** extend over multiple PO's.
15. **Line Item No. 7 (This (is) (is not) a final claim.)** – Drop Down Menu. Select "IS FINAL" or "IS NOT FINAL" to indicate whether this claim is a final claim for the PO. Claim No. 099 indicates the final claim and must be entered as "IS FINAL."
16. **Line Item No. 8 (Gross amount of this claim)** – This amount is auto populated summation of 7., 7a. & 7b.
17. **Line Item No. 9 (Federal Share Reimbursable (Line 8 x Fed. %))** – Enter percentage of funding awarded. This amount can be found in the INDOT-LPA Contract. The Assigned Program Director is available if you have questions.

18. **Line Item No. 9 (Federal Share Reimbursable (Line 8 x fed. %))** – This amount is auto populated upon data entry of numbers 16. and 17.
19. **Line Item No. 10 (Net amount of claim)** – Enter net amount of claim for which reimbursement is being requested. Should be equal to number 18. unless PO is being exhausted, then will be remaining balance on PO.
20. **Line Item No. 11** [I am aware of the project end date (this may or may not be the same as the PO end date.)] – Drop Down Menu – Select “Yes, LPA is aware of the Project End Date” or “No, LPA does not know Project End Date.”
21. **Line Item No. 12** (My last reimbursement request was within six (6) months.) – Drop Down Menu – Select “Yes” or “No.” If this is Claim 1, leave blank.
22. **Signature of Vendor** – Signature of LPA official who is authorizing the claim. Signature must not be stamped or typed (Must be *Handwritten*).
- 22a. **Official Title** – Official title of the person signing the claim.
- 22b. **Date (Month, Day, Year)** – Enter the date the LPA Invoice Voucher is being submitted for reimbursement. The date will need to be updated if a claim was previously rejected and is being resubmitted.



**LPA INVOICE VOUCHER**  
 State Form 52663 (R2 / 6-16)  
 INDIANA DEPARTMENT OF TRANSPORTATION  
 Approved by State Board of Accounts, 2016  
 Approved by Auditor of State, 2016

INDOT USE ONLY	
PS Receipt No.	_____
PS Voucher ID No.	_____
INDOT Invoice No.	_____

**LPA'S NAME AND REMIT TO ADDRESS**

1.
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PO Number	3.
Net Amount of Claim	4.
Vendor Code	5.
CFDA Number	20.205

TO: **INDIANA DEPARTMENT OF TRANSPORTATION**  
 CARE OF: \_\_\_\_\_ 2.  
 ADDRESS: \_\_\_\_\_

EXEMPT PER I.C. 5-17-5-2

PO Number	Invoice Number	Amount
3a.	6.	7.
3a.	6a.	7a.
3a.	6b.	7b.

1	Claim No.	8.	Des. No.	9.		
2	This claim voucher is for: _____ 10.					
3	Project Description: _____ 11.					
4	Period covered by this claim.		From:	12.	To:	12.
5	Gross amount of previous claims.	\$		13.		
6	Net amount of previous claims.	\$		14.		
7	This (is) (is not) a final claim.			15.		
8	Gross amount of this claim.	\$		16.		
9	Federal Share Reimbursable (Line 8 x Fed. %)	17.	%	\$	18.	
10	Net amount of claim.	\$		19.		
11	I am aware of the project end date (this may or may not be the same as the PO end date). _____ 20.					
12	My last reimbursement request was within the last six (6) months. _____ 21.					
Note: If funds are removed, no reimbursement will be given.						

**RECOMMENDED FOR APPROVAL**

INDOT OFFICIAL INITIATING THE CHARGE	DATE (Month, Day, Year)	
<i>I certify that this claim is correct and valid and is a proper charge against the State Agency indicated.</i>		
Authorized Signature of State Agency	Date (Month, Day, Year)	
<i>Pursuant to the provisions of Indiana Code 5-1-10-1, I hereby certify that the amount claimed is legally due after allowing all just credits, and that no part of the said has been paid.</i>		
Signature of Vendor	Official Title	Date (Month, Day, Year)
22.	22a.	22b.



**Purchase Order**  
**INDOT Consulting**  
**Indiana Department of Transportation**

Approved by Encompass Leadership Team - 2011

Order #	Date	Required Date	Page
3.			1 of 1
Requisition Number:			
Vendor ID: 5.			
Agency: 00800 Transportation			
Pay Terms: 35 Days in Arrears			
Fund/Object/Center: 63200/ 583110 / 467010			

Vendor 5.  
 Remit to 1.

Ship To  
 Dept Of Transportation

Vendor Name Address

Bill To  
 Transportation  
 Dept Of Transportation

Vendor Contact  
 Name:  
 eMail:  
 Phone:

Buyer  
 Name:  
 eMail:

Purchase Order Instructions & Comments

Item No	Description	Purchase Order Line Details (FOB Destination)	Qty Ordered	Qty Recd	UOM	Unit Price	Extended Amt
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Deliveries acceptable only between 8:00 AM and 4:30 PM, Monday through Friday

Units of Measure, Handling, Totals, Signatures

The following UN/CEFACT Unit of Measure  
 Common Codes are used in this document:  
 EA Each

This area left blank

Total PO Amt. \$

Issued by the Indiana Department of Transportation	<b>CONFIRMATION OF RECEIPT</b>	
	I certify that the items listed above were received. All commodities appeared to conform to specifications and showed no patent defects, except as otherwise noted.	
	Signature of State Employee Receiver	Date Signed(Month/Day/Year)
<b>FUNDING ENCUMBERED BY THE AUDITOR OF STATE</b>		
I certify that there is sufficient unencumbered balance in the above account to cover the amount of this order, and that funds have been set aside for payment thereof.		