

The City of Oklahoma City Trust

UNIFORM VOUCHER and INVOICE for ARCHITECTURAL, ENGINEERING or TESTING SERVICES

CLAIMANT

Name _____

Remit Address _____

City _____ State _____ Zip _____

Tax ID Number _____

Project No. _____ Title: _____

Location: _____

Supervisory Architectural and/or Engineering Firm: _____

ARCHITECT'S AND/OR ENGINEER'S INVOICE

1. Original Contract Amount.....\$ _____
2. Net Changes by Amendment\$ _____
3. Contract Total\$ _____
4. Less Prior Payments.....\$ _____
5. Remaining (line 3 less line 4).....\$ _____
6. Amount this Invoice *\$ _____

* Attach supporting detail

CLAIMANT'S AFFIDAVIT

For Architectural, Engineering and Testing Invoices

The undersigned Architect, Engineer or Testing Official, of lawful age, being first sworn, on oath, certifies that this invoice is true and correct. Affiant further states that the work, services and/or materials as shown by this invoice have been completed or supplied in accordance with the Contract Documents, orders or requests furnished the Affiant. Affiant further states that (s)he has made no payment, nor given or agreed to pay or give, directly or indirectly, to any elected official, officer, or employee of the City of Oklahoma City, the Trust or the I-89 School District to which this invoice is submitted, of money or any other thing of value to obtain payment of this invoice or procure the contract pursuant to which this invoice is required.

By: _____

Subscribed and sworn to before me this ____ day of _____ 20____

Notary Public _____

Commission # / Expiration: _____

THIS SPACE FOR OFFICIAL USE

Payment Voucher No. _____

Vendor No. _____

PO No. _____ RC No. _____

Final Payment: Yes _____ No _____

Date: _____

For Services From: _____

For Services To: _____

Payment Application No. _____

Contract No. _____

TESTING INVOICE

Total Previous Payments submitted on this project \$ _____

Amount this Invoice * \$ _____

* Attach supporting detail

Supervisor's Certificate must be executed for all Testing Invoices.

SUPERVISOR'S CERTIFICATE FOR PAYMENT

Amount Certified \$ _____

Attach explanation if amount certified differs from the amount requested.

The undersigned Architect, Engineer or supervisory official, of lawful age, being first duly sworn, on oath, certifies that the test(s) for which payment is invoiced were duly authorized or ordered and has been performed and that the results meet the project's Contract Documents and that payment is hereby authorized.

By: _____

Subscribed and sworn to before me this ____ day of _____ 20____

Notary Public _____

Commission # / Expiration: _____

THIS SPACE FOR OFFICIAL USE ONLY

Department Representative _____

OP Unit _____

Project Unit _____

Amount paid this Fund \$ _____

Other Accounts 1) _____ 2) _____

APPROVALS:

Consultant/City Project Mgr. _____ / _____

Date: _____

UNIFORM VOUCHER AND INVOICE FOR
CONSTRUCTION SERVICES

INSTRUCTIONS TO CONTRACTOR

ARCHITECTURAL AND/OR ENGINEERING INVOICES

1. **Claimant Spaces.** Enter all **required information** in the right and left-hand columns across the top of the page. **Do not** make any entries in the areas at the top and bottom labeled **“THIS SPACE FOR CITY/TRUST USE”**
2. Submit an original uniform voucher/invoice form for **each individual project number**.
3. **All invoices** must be typewritten or completed **legibly** in ink. Supporting detail must be on **claimant’s letterhead** and have the claimant’s name, address, and phone number **matching** what is on the **vendor registration**, as well as the **project number and contract number**.
4. Complete items 1 through 6 in the left-hand column.
5. **Supporting detail.** As required by the contract, all pertinent **supporting documentation** must be submitted.
6. Execute the claimants Affidavit in ink and have it properly **notarized**.
7. **E-Mail** the invoice forms to the Public Works **Project Manager**.

TESTING INVOICES

1. **Claimant Spaces.** Enter all **required information** in the left and right-hand columns across the top of the page. Do not make any entries in the areas at the top and bottom of the page labeled **“THIS SPACE FOR CITY/TRUST USE”**
2. Submit an original uniform voucher/invoice form for each **individual project number**.
3. **All invoices** must be typewritten or completed **legibly** in ink. Supporting detail must be on the **claimant’s letterhead** and have the claimant’s name, address, and phone number **matching** what is on the vendor registration, as well as the **project number and contract number**.
4. Complete the information required in the **“Testing Invoice”** section in the right-hand column.
5. **Supporting Detail.** As required by the **contract**, all pertinent **supporting documentation** must be submitted
6. Execute the Claimant’s Affidavit in ink and have it properly **notarized**.
7. Forward all invoices, regardless of amount, to the Architect and/or Engineer for execution of the **Supervisor’s Certificate for Payment**. For projects for which there is no outside Architect and/or Engineer, invoices may be forwarded directly to the **Public Works Project Manager by E-Mail**.
8. The Architect and/or Engineer is responsible for reviewing the invoice, questioning and correcting any exceptions, executing the Supervisor’s Certificate for Payment and forwarding the invoice for payment by **E-Mail to the Public Works Project Manager**.

DIRECTIONS TO CITY STAFF

1. Submit an original uniform voucher/invoice form for each individual project number.
2. Trust Line. If the contract under which the invoice is being submitted was awarded by a Trust, write the name of that Trust on the “Trust” line in the upper left-hand corner of the document.
3. Examine and verify the invoice and supporting detail.
4. Enter the required information at the top right and the bottom of the page. The Account Information will be different for each form for an invoice with multiple funding sources.
5. For invoices to be paid from multiple funding sources, process a form for each source. Put the amount to be paid from each source at the bottom right on the “Amount paid this Fund” line. Enter the account number(s) from which the remainder of the invoice will be paid. Use the “Account _____ of _____” line at the bottom left to show the number of funding sources. (An invoice paid from three sources would have entries 1 of 3, 2 of 3 and 3 of 3 on the respective forms.)
6. Obtain the necessary approval signatures.
7. Attach supporting detail to original and forward for processing. Invoices to be paid from two (2) or more funding sources must be forwarded together.
8. City Project Manager to sign at the bottom left **after** verifying all pertinent information and matching supporting documentation has been provided and is in the proper spaces on form before sending to financial staff for processing.
9. Finance staff will sign on Department Representative line to finalize the claim.