

Invoice
Ohio EPA
Level of Effort Contract

Ohio EPA Purchase Order #: _____

Remit to:
Tax ID #:
OAKS Vendor ID:
Contract Manager Name:
Phone #:
Email Address:
Contractor Name and Address:

Invoice #:
Total Amount Due:
Invoice Date:
Service Dates:
Mobilization Order#:
Project #:
Site Name:
Site Coordinator:

Bill To: Ohio EPA Division of Environmental Response and Revitalization (DERR) Lazarus Government Center P.O. Box 1049 Columbus, Ohio 43216-1049
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**OHIO EPA
STANDARD INVOICE
SUMMARY SHEET**

Site Name:
 OEPA Purchase Order Number:
 OEPA Mobilization Order #

 Total Estimated Project Cost:

Category Totals for this Invoice:

Personnel:	
Equipment:	
Material:	
Travel:	
Mileage:	
Subcontractor:	
Miscellaneous:	
Total for this invoice	

Category Totals to Date for this Invoice:

Personnel:	
Equipment:	
Material:	
Travel:	
Mileage:	
Subcontractor:	
Miscellaneous:	
Total for this invoice	

Special Notes and Considerations:

OHIO EPA
STANDARDIZED INVOICE
Required Documentation Forms

- Form A: In-House Personnel Time Accounting Form
plus
Personnel time sheets - including narrative description of work performed
- Form B: Rate Schedule Material Use Accounting Form
plus
Log sheets to verify equipment used to support field activities
- Form C: Rate Schedule Material Use Accounting Form
plus
Receipts for purchased items
- Form D: Travel Charge Accounting Form
plus
Receipts for travel charges
- Form E: Mileage Charge Accounting Form
plus
Odometer logs
- Form F: Subcontractor Charge Accounting Form
plus
Subcontractor invoices
- Form G: Non-Rate Schedule Items & Miscellaneous Charge Accounting Form
plus
Receipts for items purchased that are not on the rate schedule

**In-House Personnel Time Accounting Form
(Subcontractors report on Form F)**

FORM A:

Each form covers the consecutive dates within a two week time period for time charged to the mobilization order.

An additional form is to be used for each two week period within this invoice.

Straight time max = 40 hours on OEPA site, overtime (OT) is to be listed on a separate line as actual hours worked after 40 with rate per hour equal to 1.5 x ST.

Name of Personnel	Unit #	Title	Dates and Hours Worked						ST Hours	OT Hours	Rate per Hour	Multiplier	Extended Cost
			Time Period			From:		To:					
Total													

Name of Personnel	Unit #	Title	Dates and Hours Worked						ST Hours	OT Hours	Rate per Hour	Multiplier	Extended Cost
			Time Period			From:		To:					
Total													

Period Total												
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Activites performed during this time period:

FORM B:

**Rate Schedule Equipment Use Accounting Form
(Subcontractors report on form G)**

Each form covers the consecutive dates within a two week time period for equipment use charged to the mobilization order.

An additional form is to be used for each two week period within this invoice.

Indicate under the "Date of Use" column how many of an item were used that day.

If an item requires a different Unit Rate Charge, then a separate line is to be used.

Usage longer than 3 days in a week requires the weekly rate charge.

Unit #	Item/Unit Description	Dates Used							Units of Measure (Hr / Day / Wk)	Item Rate \$	Number Items Used	Multiplier	Extended Cost
		Time Period			From:	To:							
Total													

Name of Personnel	Unit #	Dates Used							Units of Measure (Hr / Day / Wk)	Item Rate \$	Number Items Used	Multiplier	Extended Cost
		Time Period			From:	To:							
Total													

Period Total											\$
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FORM C:

**Rate Schedule Material Use Accounting Form
(Subcontractors report on form G)**

Each form covers the consecutive dates within a two week time period for material listed in the Contract Rate Schedule used in fulfillment of the mobilization order.

An additional form is to be used for each two week period within this invoice.

Indicate under the "Date of Use" column how many of an item were used that day.

If an item requires a different Unit Rate Charge, then a separate line is to be used.

Usage longer than 3 days in a week requires the weekly rate charge.

Unit #	Item/Unit Description	Dates Used							Units of Measure (Hr / Day / Wk)	Item Rate \$	Number Items Used	Multiplier	Extended Cost
		Time Period			From:	To:							
Total													

Name of Personnel	Unit #	Dates Used							Units of Measure (Ea / Pr / Cs)	Item Rate \$	Number Items Used	Multiplier	Extended Cost
		Time Period			From:	To:							
Total													

Period Total	\$
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FORM F:

SUBCONTRACTOR CHARGE ACCOUNTING FORM

Enter percentage markup rate in header and the actual dollar amount for each subcontractor. See example below

Date	Name of Subcontractor	Description of Service Provided	Subcontractor Charge	Markup 10.0%	Extended Cost
1/1/2016	XYZ Driller	Drilling Services at ABC project	\$ 2,000.00	\$ 200.00	\$ 2,200.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
				Total	\$ 2,200.00

FORM G:

NON-RATE SCHEDULE ITEMS MISCELLANEOUS CHARGE ACCOUNTING FORM

Each form covers the consecutive dates within a two week time period supplies and miscellaneous items (not listed on the Contract Rate Schedule) used in fulfillment of the mobilization order

An additional form is to be used for each two week period within this invoice.

Record the amount of sales tax paid in the appropriate column. Mark up is not allowed on tax charges

For each charge, a receipt must be included in the appropriate attachment to this invoice.

Item Description	Week 1 - Dates Used							Unit of Measure	Item Rate	Number of Items Used	Markup	SubTotal	Sales Tax	Extended Cost
														\$ -
														\$ -
														\$ -
														\$ -
														\$ -
														\$ -
														\$ -
Week 1 SubTotal													\$ -	

Item Description	Week 2 - Dates Used							Unit of Measure	Item Rate	Number of Items Used	Markup	SubTotal	Sales Tax	Extended Cost
														\$ -
														\$ -
														\$ -
														\$ -
														\$ -
														\$ -
														\$ -
Week 2 SubTotal													\$ -	

Period Total \$ -