

2020

# Invoice Smart Forms

Vendor Manual

Engineering Financial Services (EFS)  
ENGINEERING DEPARTMENT, OPERATIONS DIVISION

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## BACKGROUND

The Engineering Financial Services (EFS) Unit is utilizing a structure that tracks Vendor invoices from the time invoices are received to a system-specific email inbox to the time invoices are paid. The Engineering Invoice Management System (EIMS) provides streamlining of processes and transparency, as each invoice is reviewed and signed electronically and advanced under one homogenous workflow. As part of our commitment for continued improvement, we are pleased to announce an upgrade to EIMS.

This vendor manual offers instructions for the following Invoice Smart Form versions:

- Standard version 2021.01.1
- Federally Funded version 2021.03.1
- Lump Sum version 2021.02.1

EIMS does NOT accept invoice submissions in prior versions. The version number is located at the bottom-right of Tab 2 Pg1 Invoice tab in the Smart Forms.

## BENEFITS

The new version is designed to improve quality, accuracy and increase invoice turnaround period with the following new features:

1. One email account ([ENG-Invoices@panynj.gov](mailto:ENG-Invoices@panynj.gov)) for all invoice submission
2. Multiple invoices per email submission by Vendor
3. Invoice template for EIMS Phase II is a readable Smart Form
4. No conversion of readable Smart Form to PDF required
5. Auto-generated notifications to Vendors
6. Validation checks for required cells
7. Auto font-size reduction for free-form cells to insert extended text

Auto-generated email notifications to Vendors include detailed explanations for the following reasons:

1. Confirmation of receipt
2. Declined by EIMS due to failed validation
3. On-hold for issue resolution and Resumed (previously placed on hold) invoice
4. Voided by PANYNJ EIMS reviewer
5. Partial payment
6. Paid invoice (full payment or partial payment)

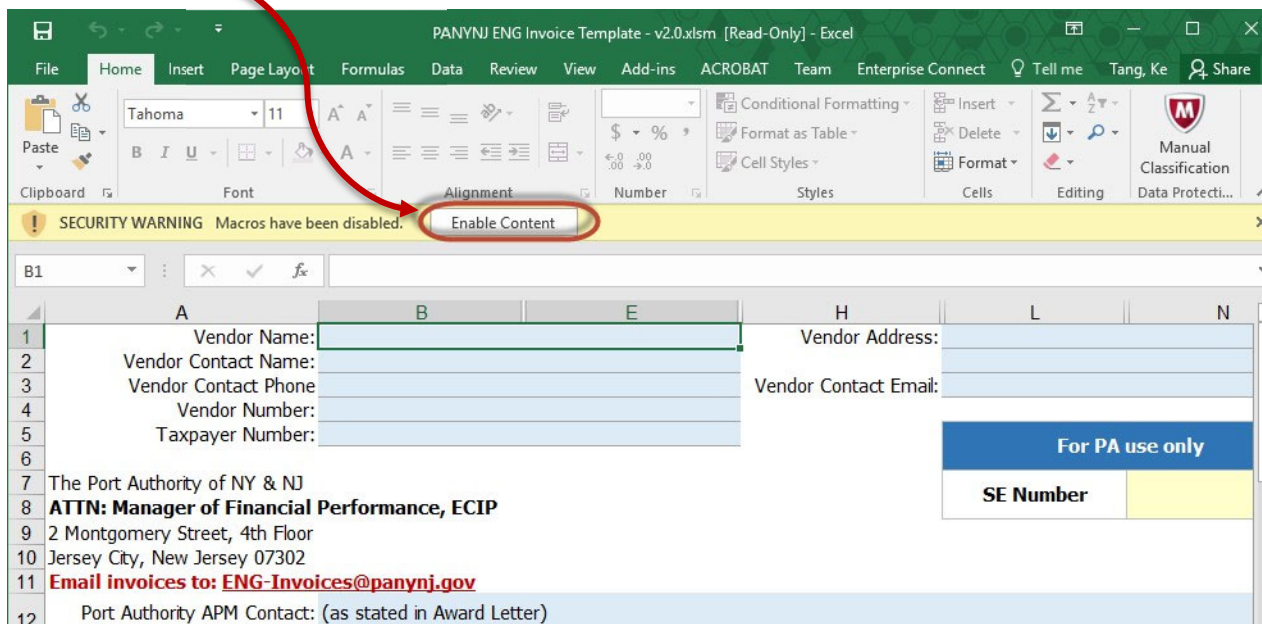
In addition, EIMS auto-declines invoices for the following reasons:

1. Not in Smart Form format
2. Not supported standard template
3. Missing Taxpayer Number
4. Missing Vendor Name, Vendor Address or Contact
5. Missing Discipline/Group
6. Missing PO Number
7. Missing Agreement Number
8. Missing Invoice Period Start and/or End date
9. Missing Invoice Number
10. The Smart Form contains multiple support documents or support documentation is not in PDF format.
11. Duplicate Invoice Number: An invoice with the same invoice number under the same PO is already in process in EIMS. You may want to contact EFS to void the previous invoice in case the latest invoice is meant to replace the previously submitted invoice.
12. Vendor Name does not match with our internal payment system (SAP) record: A decline email with the SAP vendor name will be issued in this case. The vendor name must be an exact match. The difference on space, period and/or comma will lead to auto-decline.

**HOW TO**

The Invoice Smart Form requirements and instructions are displayed below:

- Enable **macros** to ensure Smart Form functions properly



- Formulas and tabs are locked
- No row, column or tab modifications
- Insert PDF supporting documentation to Smart Form (**ONLY ONE PDF allowed per Invoice Smart Form**; i.e., timesheets, receipts, Sub-Vendor invoices, etc.)
- Use **Paste Values** only when copy paste from other files

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### Tab 1 – Invoice Field Definitions

The list of field definitions is found in the far-left tab in the Invoice Smart Form.

**Tab 2 – Pg1 Invoice (Standard)**

Vendor Name: ABC Engineers, Inc.		Vendor Address: 123 Main Street	
Vendor Contact Name: R. Frost		New York, NY 10000	
Vendor Contact Phone: 555-555-5555		Vendor Contact Email: js@abceng.com	
Vendor Number: 11111			
Taxpayer Number: xxx-xxxxxx			

The Port Authority of NY & NJ  
**ATTN: Program Director, EFS**  
 2 Montgomery Street, 4th Floor  
 Jersey City, New Jersey 07302  
**Email invoices to: ENG-Invoices@panynj.gov**  
 Port Authority APM Contact: J. Snow

For PA use only  
 SE Number

SUBJECT: LT Lighting Replacement

REFERENCE: EXPERT PROFESSIONAL SERVICES FOR ON A "CALL-IN" BASIS DURING 2018.

Discipline/Group: **410 - CMD-LT**

Purchase Order Number: 490000000	Invoice Number: 99855-JohnMain-LT	<input type="checkbox"/> Final Invoice
Agreement Number: 410-18-001	Invoice Date: 10/9/2018	
ECI Number: 1	Invoice Period Start: 9/1/2018	
	Invoice Period End: 9/30/2018	

	TOTAL WORK ORDER BUDGET	PREVIOUSLY BILLED	CURRENT INVOICE AMOUNT	REMAINING BUDGET	For PA use only COMMENTS
<b>Prime Vendor</b>					
Labor Cost	100,000.00	49,000.00	17,250.00	33,750.00	
Out-of-Pocket Expenses	5,000.00	1,000.00	1,511.20	2,488.80	
<b>Sub-Totals</b>	<b>105,000.00</b>	<b>50,000.00</b>	<b>18,761.20</b>	<b>36,238.80</b>	
<b>Sub-Vendors (list below)</b>					
abc	45,000.00	13,000.00	20,000.00	12,000.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
<b>Add Sub-Vendor</b>	<b>Sub-totals</b>	<b>45,000.00</b>	<b>13,000.00</b>	<b>20,000.00</b>	<b>12,000.00</b>
<b>TOTALS</b>	<b>150,000.00</b>	<b>63,000.00</b>	<b>38,761.20</b>	<b>48,238.80</b>	

Percentage Complete: \_\_\_\_\_

Actual Total Paid to Date: \_\_\_\_\_

Outstanding Amount: \$63,000.00

Vendor's estimate for next month's invoice: \$ \_\_\_\_\_

Account Code(s) - See tab Pg2 for Account Code Breakdown Sheet

Below for 1st Signatory/Task Lead/DAR use

Earned Value Analysis  Pay in Full Pay Partial: How Much? \_\_\_\_\_

Pay Partial: Reason(s) \_\_\_\_\_

1st Signatory Stamp	DAR Stamp (incl. Name, Title and Employee No.)	FSA Signature
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- Select lead Discipline/Group from **dropdown list**. EIMS reads and directs invoice to appropriate PANYNJ EIMS end-user to begin workflow
- Check **Final Invoice** if it is the final invoice of the PO
- Populate Sub-Vendor cells by adding Sub-Vendor name(s) **HERE**, not Pg5 Sub-Vendors Expense tab
- Add additional rows by clicking the **"Add Sub-Vendor"** button
- **Current Invoice Amount** data is auto-populated reflecting data in other tabs
- Remaining Budget is auto populated when the Total Work Order Budget, Previously Billed (if any) and Current Invoice Amount cells are filled
- Update **Vendor's estimate for next month's invoice**

**Tab 2 – Pg1 Invoice (Federally Funded)**

Vendor Name: \_\_\_\_\_ Vendor Address: \_\_\_\_\_  
 Vendor Contact Name: \_\_\_\_\_ Vendor Contact Email: \_\_\_\_\_  
 Vendor Contact Phone: \_\_\_\_\_  
 Vendor Number: \_\_\_\_\_  
 Taxpayer Number: \_\_\_\_\_

The Port Authority of NY & NJ  
**ATTN: Program Director, EFS**  
 2 Montgomery Street, 4th Floor  
 Jersey City, New Jersey 07302  
**Email invoices to: [ENG-Invoices@panynj.gov](mailto:ENG-Invoices@panynj.gov)**

Port Authority APM Contact: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

REFERENCE: \_\_\_\_\_

Discipline/Group **<---select-->** Fed1 Type **<---select-->**

Purchase Order Number \_\_\_\_\_ Invoice Number \_\_\_\_\_  Final Invoice  
 Agreement Number \_\_\_\_\_ Invoice Date \_\_\_\_\_  
 ECI Number \_\_\_\_\_ Invoice Period Start \_\_\_\_\_  
 \_\_\_\_\_ Invoice Period End \_\_\_\_\_

Overhead % \_\_\_\_\_ Fixed Fee / Profit % \_\_\_\_\_

	TOTAL WORK ORDER BUDGET	PREVIOUSLY BILLED	CURRENT INVOICE AMOUNT	REMAINING BUDGET	For PA use only COMMENTS
<b>Prime Vendor</b>					
Labor Cost			0.00	0.00	
Overhead			0.00	0.00	
Fix Fee / Profit			0.00	0.00	
Out-of-Pocket Expenses			0.00	0.00	
<b>Sub-Totals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Sub-Vendors (list below)</b>			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
			0.00	0.00	
<input type="button" value="Add Sub-Vendor"/>			0.00	0.00	
<b>Sub-totals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Percentage Complete \_\_\_\_\_  
 Actual Total Paid to Date \_\_\_\_\_  
 Outstanding Amount \$0.00

Vendor's estimate for next month's invoice: \_\_\_\_\_

**Account Code(s) - See tab Pg2 for Account Code Breakdown Sheet**

**Below for 1st Signatory/Task Lead/DAR use**

Earned Value Analysis  Pay in Full Pay Partial: How Much? \_\_\_\_\_  
 Pay Partial: Reason(s) \_\_\_\_\_

1st Signatory Stamp \_\_\_\_\_ DAR Stamp (incl. Name, Title and Employee No.) \_\_\_\_\_ FSA Signature \_\_\_\_\_

- Select lead Discipline/Group from **dropdown list**. EIMS reads and directs invoice to appropriate PANYNJ EIMS end-user to begin workflow
- Select the type of Federal Funding from **dropdown list**
- Check **Final Invoice** if it is the final invoice of the PO
- Enter agreed upon **Overhead %** and **Fixed Fee / Profit %**
- Populate Sub-Vendor cells by adding Sub-Vendor name(s) **HERE**, not Pg5 Sub-Vendors Expense tab
- Add additional rows by clicking the **"Add Sub-Vendor"** button
- **Current Invoice Amount** data is auto-populated reflecting data in other tabs and fields

- Remaining Budget is auto populated when the Total Work Order Budget, Previously Billed (if any) and Current Invoice Amount cells are filled
  - Update **Vendor's estimate for next month's invoice**
-



**Tab 2 – Pg1 Invoice (Lump Sum – Includes Tracking Tab for Small Projects)**

Vendor Name: \_\_\_\_\_ Vendor Address: \_\_\_\_\_  
 Vendor Contact Name: \_\_\_\_\_ Vendor Contact Email: \_\_\_\_\_  
 Vendor Contact Phone: \_\_\_\_\_  
 Vendor Number: \_\_\_\_\_  
 Taxpayer Number: \_\_\_\_\_

The Port Authority of NY & NJ  
**ATTN: Program Director, EFS**  
 2 Montgomery Street, 4th Floor  
 Jersey City, New Jersey 07302  
**Email invoices to: [ENG-Invoices@panynj.gov](mailto:ENG-Invoices@panynj.gov)**

Port Authority APM Contact: (as stated in Award Letter) \_\_\_\_\_

SUBJECT: (as stated in Award Letter) \_\_\_\_\_

**REFERENCE: EXPERT PROFESSIONAL SERVICES FOR ON A "CALL-IN" BASIS DURING 20\_\_.**

Discipline/Group <---select---> \_\_\_\_\_

Purchase Order Number \_\_\_\_\_ Invoice Number \_\_\_\_\_  Final Invoice  
 Agreement Number \_\_\_\_\_ Invoice Date \_\_\_\_\_  
 ECI Number \_\_\_\_\_ Invoice Period Start \_\_\_\_\_  
 Invoice Period End \_\_\_\_\_

Total Project Fee Authorized \$ \_\_\_\_\_  
 Complete% as of **mm/dd/yyyy** **0.00%**  
 Fee Earned to Date \$ \_\_\_\_\_  
 Less Previous Billings \$ \_\_\_\_\_  
**Amount Due This Invoice** \$ \_\_\_\_\_

	TOTAL WORK ORDER BUDGET	PREVIOUSLY BILLED	CURRENT INVOICE AMOUNT	REMAINING BUDGET	For PA use only COMMENTS
Prime Vendor				0.00	
Sub-Vendors (list below)				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
<b>Add Sub-Vendor</b>				0.00	
<b>Sub-totals</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Actual Total Paid to Date \_\_\_\_\_  
 Outstanding Amount \$0.00

Vendor's estimate for next month's invoice: **\$ -**

**Account Code(s) - See tab Pg2 for Account Code Breakdown Sheet**

**Below for 1st Signatory/Task Lead/DAR use**

Earned Value Analysis  Pay in Full Pay Partial: How Much? \_\_\_\_\_  
 Pay Partial: Reason(s) \_\_\_\_\_

1st Signatory Stamp \_\_\_\_\_ DAR Stamp (incl. Name, Title and Employee No.) \_\_\_\_\_ FSA Signature \_\_\_\_\_

- Select lead Discipline/Group from **dropdown list**. EIMS reads and directs invoice to appropriate PANYNJ EIMS end-user to begin workflow
- Check **Final Invoice** if it is the final invoice of the PO
- Enter **Complete %** and **Fee Earned to Date**
- Populate Sub-Vendor cells by adding Sub-Vendor name(s) **HERE**, not Pg5 Sub-Vendors Expense tab
- Add additional rows by clicking the **"Add Sub-Vendor"** button

- Enter **Current Invoice Amount** for Prime Vendor and each Sub-Vendor
  - Remaining Budget is auto populated when the Total Work Order Budget, Previously Billed (if any) and Current Invoice Amount cells are filled
  - Update **Vendor's estimate for next month's invoice**
-

**Tab 3 – Pg2 Acct (Account) Code Breakdown**

Account Code Breakdown						
Invoice Number <u>99855-JohnMain-LT</u>			Invoice Date <u>10/9/2018</u>			
PO Number <u>4900000001</u>			Agreement No. <u>410-18-001</u>			
<b>PRIME Labor Breakdown</b>		Operating Program (incl. CG3)		Capital		
AMOUNT (\$) BREAKDOWN *	GL ACCOUNT	COST CENTER	INTERNAL ORDER	WBS ELEMENT	DESCRIPTION	For ECIP use only
44,000.00	591028			C410A03900000		
100.00	591148	410A03	A03901901			
<b>\$ 44,100.00 Total Account Code for PRIME Labor</b>				Add Code		
Above Total Account Code(s) must equal Labor Cost in Pg1 Invoice. The Total above will be highlighted in red if it does NOT match.						
<b>PRIME Expenses</b>		Operating Program (incl. CG3)		Capital		
AMOUNT (\$) BREAKDOWN *	GL ACCOUNT	COST CENTER	INTERNAL ORDER	WBS ELEMENT	DESCRIPTION	For ECIP use only
15,000.00	591148	410A03	A03901901			
<b>\$ 15,000.00 Total Account Code for PRIME Expenses</b>				Add Code		
Above Total Account Code(s) must equal Out-of-Pocket Expenses in Pg1 Invoice. The Total will be highlighted in red if it does NOT match.						
<b>SUB-VENDORS</b>		Operating Program (incl. CG3)		Capital		
AMOUNT (\$) BREAKDOWN *	GL ACCOUNT	COST CENTER	INTERNAL ORDER	WBS ELEMENT	SUB VENDOR NAME	For ECIP use only
5,000.00	591148	410A03			abc	
<b>\$ 5,000.00 Total Account Code for SUB_VENDORS</b>				Add Code		
Above Total Account Code(s) must equal Sub-Vendor Totals in Pg1 Invoice. The Total will be highlighted in red if it does NOT match.						
<b>\$ 64,100.00 Total Account Code Breakdown*</b>						
* Total Account Code Breakdown must equal Current Invoice Total. The Total will be highlighted in red if it does NOT match.						

- Total and each Sub-total Account Code MUST equal to corresponded amounts in Pg1 Invoice tab (highlighted in **RED** when the total does not match):
  - 1) Account Code for Prime Labor MUST equal “Labor Cost” amount;
  - 2) Account Code for Prime Expenses MUST equal “Out-of-Pocket Expenses” amount;
  - 3) Account Code for Sub-vendors MUST equal “Sub-Vendors” total
  - 4) Total Account Code Breakdown MUST equal “Current Invoice Amount” total
- In Sub-Vendors section, select Sub-Vendor Name from **dropdown** list (list is auto populated from data entered in Pg1 Invoice tab)
- Add additional rows by clicking the **“Add Code”** button







**Tab 7: Pg6 Authorization Breakdown by Stages, Change Orders or Lump Sum Small Projects**

(insert project name)  
**Service Breakdown by Authorization or Stage (Optional)**

**SUBJECT:** (as stated in Award Letter)

**REFERENCE:** EXPERT PROFESSIONAL SERVICES FOR ON A "CALL-IN" BASIS DURING 20\_\_.

WORK ORDER No. x (original authorization) or STAGE No. x						
	LETTER BUDGET	PREVIOUSLY BILLED	CURRENT INVOICE AMOUNT	INVOICED TO DATE	AWARD LETTER BUDGET	For PA use only COMMENTS
Prime Vendor				0.00	0.00	
Sub-Vendors (list below)				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
<b>TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

CHANGE ORDER No. xx or STAGE No. xx						
	LETTER BUDGET	PREVIOUSLY BILLED	CURRENT INVOICE AMOUNT	INVOICED TO DATE	AWARD LETTER BUDGET	For PA use only COMMENTS
Prime Vendor				0.00	0.00	
Sub-Vendors (list below)				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
<b>TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

CHANGE ORDER No. xx or STAGE No. xx						
	LETTER BUDGET	PREVIOUSLY BILLED	CURRENT INVOICE AMOUNT	INVOICED TO DATE	AWARD LETTER BUDGET	For PA use only COMMENTS
Prime Vendor				0.00	0.00	
Sub-Vendors (list below)				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
<b>TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

- For Standard and Lump Sum invoices, the Change Orders or Stages tracking tab is OPTIONAL, as required and imparted by the Agreement Project Manager (APM)
- For Federally Funded invoices, the Stages tracking tab is REQUIRED. Enter the appropriate information for Stage I – IV
- For Lump Sum Small Projects invoices, the Project tracking tab is REQUIRED. Enter the appropriate information for projects titles and/or numbers and requested by APM.

**Tab 8: Support Document – Please read carefully...**



- The Smart Form must be submitted in its original format ONLY
- As a result, insert ONE (1) support document in PDF format ONLY into the Smart Form’s “Support Document” tab, i.e., timesheets, Sub-Vendor invoices, expense receipts, etc.
- Instructions for support document insertion are located in the Smart Form’s last tab labeled “Support Doc Instruction”

**Tab 9 – Support Doc Instruction**

Instruction of inserting the PDF support document (one file only) into Excel invoice Smart Form



**SPECIAL CASE INVOICING PRACTICE** (*contact EFS to verify if this feature applies to you*)

- When Vendor has **multiple staff located at various PANYNJ locations (facilities) AND staff is approved under a single Purchase Order**, Vendor MUST submit multiple monthly invoices per PANYNJ location (facility). Each monthly invoice is tracked, reviewed and paid individually. The following requirements apply:
  - Each **invoice number** MUST incorporate the consultant staff name for whom Vendor is invoicing and the PANYNJ location (facility acronym); i.e., for Invoice No. 333, staff name John Smith and facility LaGuardia Airport (LGA), use Invoice No. “333-JohnSmith-LGA” – (no spaces)
  - PANYNJ facility acronym MUST be selected from the **drop-down list** located in Pg1 Invoice tab

SUBJECT: LGA Runway Lighting	
REFERENCE: EXPERT PROFESSIONAL SERVICES FOR ON A "CALL-IN" BASIS DURING 2017.	
Discipline/Group	410 - LGA (LaGuardia Airport)
Purchase Order Number	4999999955
Agreement Number	410-17-000
Invoice Number	333-JohnSmith-LGA
Invoice Date	7/15/2018

2. When Vendor has a **single staff located at various PANYNJ locations (facilities) AND staff is approved under a single Purchase Order**, Vendor may CHOOSE ONE of the following two options:

- a) Submit multiple monthly invoices, one per PANYNJ **location** (facility)  
NOTE: This method offers quicker invoice turnaround, as each invoice is reviewed by fewer PANYNJ EIMS end-users

SUBJECT: JFK Roofing

REFERENCE: EXPERT PROFESSIONAL SERVICES FOR ON A "CALL-IN" BASIS DURING 2017.

Discipline/Group: **410 - JFK (John F. Kennedy International Airport)**

Purchase Order Number: 4999999955      Invoice Number: 998-5-JohnMain-JFK  
 Agreement Number: 410-17-000      Invoice Date: 7/15/2018

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SUBJECT: LT Lighting Replacement

REFERENCE: EXPERT PROFESSIONAL SERVICES FOR ON A "CALL-IN" BASIS DURING 2017.

Discipline/Group: **410 - LT (Lincoln Tunnel)**

Purchase Order Number: 4999999955      Invoice Number: 998-5-JohnMain-LT  
 Agreement Number: 410-17-000      Invoice Date: 7/15/2018

- b) Select **"Other"** from the dropdown list in Pg1 Invoice tab AND use Pg3 Labor Expense tab to list the individual **staff name and facility**.

SUBJECT: LGA Runway Lighting

REFERENCE: EXPERT PROFESSIONAL SERVICES FOR ON A "CALL-IN" BASIS DURING 20\_\_.

Discipline/Group: **410 - Other**

Purchase Order Number: 4999999900      Invoice Number: 154  
 Agreement Number: 410-18-000      Invoice Date: 7/15/2018

**Labor Expense Breakdown**

Invoice Number: 123  
 Invoice Date: 7/15/2018  
 Invoice Period: 6/1/2018 - 6/30/2018

APPROVED STAFF NAME <i>(last name, first name in alphabetical order)</i>	ONSITE / OFFSITE	PA CONSULTANT ID <i>(Apply to On-site Consultant)</i>	APPROVED HOURLY RATE	REG. HOURS WORKED	OTHER HOURS WORKED	TOTAL LABOR EXPENSE	For PA use only COMMENTS
Smith, Jane (EWR)	On-site		\$ 50.00	100.0	10.0	5,500.00	
Smith, John (HT)	On-site		\$ 50.00	100.0	10.0	5,500.00	
						0.00	
						0.00	
						0.00	
<b>Total Labor Expense</b>				<b>200.00</b>	<b>20.00</b>	<b>\$11,000.00</b>	
				<i>Times Multiplier Stated in Agreement</i>		<b>2.12345</b>	
				<b>Sub-Total with Multiplier</b>		<b>\$23,357.95</b>	
<b>Premium Payment for Overtime, Night Work or Hazardous Duty</b>							
Smith, Jane (EWR)	On-site		\$ 25.00		10.0	250.00	
Smith, John (HT)	On-site		\$ 25.00		10.0	250.00	
						0.00	

3. For the **balance due on a previously disallowed invoice**, Vendor MUST submit an invoice using the **same (original) invoice number with the suffix “BALANCE”** and a number reflecting if the invoice balance is being submitted for the first or second time. For example, for original Invoice No. 2088, use Invoice No. “2088BALANCE1”. *The “Vendor’s estimate for next month’s invoice” should be “zero.”*
4. For a **retroactive amount due**, Vendor MUST submit an invoice using a **new (original) invoice number with the suffix “RETRO”**. For example, for Invoice No. 22556, use Invoice No. “22556RETRO”. *The “Vendor’s estimate for next month’s invoice” should be “zero.”*
5. For bills in accordance with a **PANYNJ Audit Department report**, Vendor MUST submit an invoice using a **new (original) invoice number with the suffix “AUDIT”**. For example, for Invoice No. 68997, use Invoice No. “68997AUDIT”. *The “Vendor’s estimate for next month’s invoice” should be “zero.”*
6. For a **final invoice in a Purchase Order**, Vendor MUST submit an invoice using a **new (original) invoice number** and **flag the “Final Invoice” indicator** located to the right of the “Invoice Number” field. *The “Vendor’s estimate for next month’s invoice” should be “zero.”*

#### **GENERAL VENDOR INVOICING REQUIREMENTS**

- Vendor must bill on or about the 15th of each month for services performed and reimbursable out-of-pocket expenses incurred in the prior month
- Invoice must display Vendor's taxpayer and purchase order number (the PANYNJ issued Vendor number is also required by the Comptroller’s Department)
- Vendor and Sub-Vendor must keep daily records of time spent, salaries and amounts actually paid for the performance of services
- Vendor and Sub-Vendor must keep records and receipts of reimbursable expenditures incurred for the performance of services

For questions or concerns regarding Vendor invoices, please contact one of the following EFS staff:

- For Engineering and Architectural Design Division (Unit 415), Principal Customer Service Manager, Amy DeNardo at [ADeNardo@panynj.gov](mailto:ADeNardo@panynj.gov) or 201-395-3627
- For all OTHER Engineering Department divisions (including Sandy Projects), Principal Customer Service Manager, Stacey Gibson Williams at [StGibson@panynj.gov](mailto:StGibson@panynj.gov) or 201-395-3651
- Elia Zedeño, Program Director of Financial Performance at [EZedeno@panynj.gov](mailto:EZedeno@panynj.gov) or 201-395-3674