

## Payment Application and Consultant Invoice Narrative



### Purpose

The purpose of the Pay App process is to allow payment to be issued to a contractor/professional according to the terms agreed upon in the contract, while also allowing the Owner to ensure the amount requested is fully substantiated and corresponds to the work performed.

### Initiator

The Contractor initiates the Payment Application/Invoice process in e-Builder.

### Key Terms

<p><a href="#">Facilities Planning &amp; Construction Financial Procedures</a></p> <p>FS 2016 FPC0021</p>	<p>These procedures are intended to work in conjunction with construction contracts for major and minor projects and do not supersede those contracts. Any discrepancy between these procedures and in-place construction contract terms should be discussed with the Director of Facilities Planning &amp; Construction (FP&amp;C) for clarification and direction.</p> <p>These procedures define the various methods and processes that Contractors can use to move funds within their contracted amounts</p> <ul style="list-style-type: none"><li>• Line-to-Line Transfer</li><li>• Buyout Savings Transfer</li><li>• Contractor Contingency</li><li>• Requests of additional funds or time not within their contract</li><li>• Owner Contingency via Change Order</li><li>• DOP Tax Savings via Change Order</li><li>• Contract Duration via Change Order</li><li>• Additional Service</li></ul> <p>These procedures define the required signatures for approval of</p> <ul style="list-style-type: none"><li>• Requisitions</li><li>• Line-to-Line Transfers</li><li>• Buyout Savings</li><li>• Contractor Contingency</li><li>• Owner Contingency</li><li>• Direct Owner Purchase (DOP) Tax Savings</li><li>• Additional Service</li></ul> <p>These procedures define the order in which the following shall be used</p> <ul style="list-style-type: none"><li>• Buyout Savings</li><li>• Contractor Contingency</li><li>• Owner Contingency</li><li>• Direct Owner Purchase (DOP) Tax Savings</li></ul>
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Additional Service	Additional fees requested by a Professional Service provider (Architect, Engineer, Surveyor, Threshold Inspector) for work that was not included in the original project scope, but that is required to complete a project
Payment Application (Pay-App)	<p>A packet of material containing a cover sheet, excel file documenting specific line items for which payment is being requested, and backup documentation that substantiates expenditures listed in the excel file.</p> <p>This is also commonly used to refer to single invoices submitted for payment by designers or other professionals/consultants.</p>
Consultant Invoice	AE uses this process to submit their invoice for design completion
08 – Pay App & Consultant Invoice Process	An e-Builder process, used by the contractor, to request payment for services performed in accordance with contractual timeframes/milestones.
Schedule of Values (SOV)	A detailed statement furnished by a Contractor outlining the detailed line items that make up the contract sum. It allocates the funding for various parts of the work and is also used as the basis for submitting and reviewing payment applications.
Line to Line Transfer	Funding transfers directly from one SOV line item to another
<a href="#">Use of Contractor Contingency and Owner Contingency Funds for Minor and Major Projects during the Construction Phase</a>  FS 2017 FS0026	This procedure defines the use of contingency funds for Major and Minor Projects during the construction phase of projects. Any request to use contractor contingency funds must be received in writing and approved by the director of Facilities Planning and Construction (FP&C) before the contractor may commence with the work. Any request to use owner contingency funds must be received in writing and approved by the Associate Vice President, Administration and Finance (Facilities & Safety) before the contractor may commence with the work. No work will commence without verification of the availability of appropriate contingency funds by the Facilities & Safety Business Office (FSBO.) This procedure must be used in conjunction with FP&C Procedure FS 2016 FPC0021- Financial Procedures.
Contractor / Construction Contingency	Funding within the Contractor’s Guaranteed Maximum Price (GMP) proposal that has not been assigned to specific Schedule of Value line items
<a href="#">Contractor Contingency Transfer Form</a>	Example form provided below
Buyout Savings Transfer	Funding transfers from Schedule of Values (SOV) line items to/from a Buyout Savings line within the SOV which are a result of portions of the work being contracted for less than the original amount budgeted

## Key Steps – Contractor Pay Application

Start: Pay App Initiated – Contractor initiates Pay App process and attaches documentation in e-Builder

Step1A: AE Review (if on project) – AE Reviews Pay App for accuracy and completeness

Step1B: PM Reviews Pay App / Invoice for billing accuracy, completeness, and correct formatting

Step2: FSBO Reviews Pay App / Invoice for compliance with purchasing guidelines and financial accuracy

Step3: FPC Assistant Director Reviews Pay App / Invoice over 10K

Step4: FPC Director Reviews Pay App / Invoice over 50K

Finish: FSBO issues payment to contractor

## Pay-App Initiated

### *For projects in which a GC/CM has been engaged*

Contractor initiates the 08 – Pay-App & Consultant Invoice process and attaches all required documentation

- [Certificate of Partial Payment](#)
- [Schedule of Values](#)
- Transfers (if applicable)
  - [Line to Line Transfer Form](#)
  - [Contractor Contingency Transfer Form](#)
  - [Buyout Savings Transfer Form](#)
- [UCF Certified Small, Minority & Women-Owned Business Participation \(MBE Report\)](#)
- Backup Documentation as required

Payment Application Packet 1 - Certificate of Partial Payment

Application No: [ ] UCF Project No: [ ] UCF PO No: [ ]  
 Contractor Name: [ ] Project: [ ]  
 Remittance Address: [ ]  
 Contract Time (calendar days): [ ] No. of Days Elapsed to Date: [ ]

Additions                      Deductions

Change Orders Approved to Date    [ ]                      [ ]  
 Net Amount of Change Orders        [ ]                      [ ]

ORIGINAL CONTRACT SUM                      [ ]  
 ADJUSTED CONTRACT SUM                    [ ]  
 BALANCE TO FINISH                            [ ]  
 COMPLETED TO DATE                      [ ]  
 MATERIALS STORED                            [ ]  
 TOTAL COMPLETED AND STORED         [ ]  
 LESS RETAINAGE (%)                          [ ]  
 TOTAL    [ ]  
 LESS PREVIOUS PAYMENTS                   [ ]  
 AMOUNT THIS CERTIFICATE                 [ ]

**CERTIFICATION BY CONTRACTOR:** According to the best of my knowledge and belief, I certify that all items and amounts shown on the face of this Application are correct, that all Work has been performed and material supplied in full accordance with the terms and conditions of the Contract, and that all just and lawful bills against me on my Subcontractors for labor and equipment employed in the performance of this Contract have been paid in full in accordance with the terms and conditions. I further certify that all Subcontractors providing service for the Work are licensed according to the requirements of the State of Florida.

Date: [ ]    Contractor: [ ]  
 STATE OF FLORIDA, COUNTY OF [ ]  
 Subscribed and sworn before me this [ ] day of [ ] 20[ ]  
 Notary Public: [ ]                                Commissions Expires: [ ]

**CERTIFICATION BY ARCHITECT/ENGINEER:** I certify that I have checked and verified this Progress Payment Application; that to the best of my knowledge and belief the above application is a true statement of the value of the Work performed and the materials suitably stored on the site; that all Work and materials included in this Certificate have been observed by me or by my authorized assistants; that all Work has been formed and materials supplied in full accordance with the terms of this Contract, and I approve for payment the amount noted above.

Date: [ ]    Architect/Engineer [ ]  
 Reviewed and recommend for payment by Owner's representative.  
 Date: [ ]    [ ]

Payment Application Packet 2 - Schedule of Values (SOV)

Item No.	Description of Work	Original GMP Value	Line to Line Transfers	Buy-Out Savings Transfer	Revisions To Date	Revised GMP Value	From Previous Application	This Period	Materials Presently Stored	Total Completed and Stored to Date	Percentage of Completion	Balance to Finish	Retainage
2	7.2												
3	1					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
4	2					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
5	3					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
6	4					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
7	5					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
8	6					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
9	7					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
10	8					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
11	9					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
12	10					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
13	11					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
14	12					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
15	13					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
16	14					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
17	15					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
18	16					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
19	17					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
20	18					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
21	19					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
22	20					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
23	21					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
24	22					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
25	23					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
26	24					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
27	25					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
28	26					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
29	27					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
30	28					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
31	29					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
32	30					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
33	31					\$0.00				\$0.00	#DIV/0!	\$0.00	\$0.00
34	7.2 Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00

Payment Application Packet 2 - Schedule of Values ... continued

8.2 Cost of Work													
1					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
2					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
3					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
4					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
5					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
6					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
7					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
8					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
9					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
10					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
11					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
12					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
13					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
14					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
15					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
16					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
17					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
18					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
19					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
20					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
21					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
22					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
23					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
24					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
25					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
26					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
27					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
28					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
29					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
30					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
31					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
<b>8.2 SubTotal</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>#DIV/0!</b>	<b>\$0.00</b>	<b>\$0.00</b>
CMContingency													
1					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
2					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
3					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
4					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
5					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
6					\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
<b>subtotal</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>#DIV/0!</b>	<b>\$0.00</b>	<b>\$0.00</b>

Payment Application Packet 3 - Line to Line Transfer Form

**Line to Line Transfer Form**

Project Number:


Project Name:

Contractor:

Architect/Engineer:

Date Submitted:

LL Transfer #:



Revision #	SOV Section	Line Item #	Description of Line Item	Previous SOV	Add/Deduct	Revised SOV	Reason For Transfer
1 Add						\$ 0.00	
1 Deduct						\$ 0.00	
2 Add						\$ 0.00	
2 Deduct						\$ 0.00	
3 Add						\$ 0.00	
3 Deduct						\$ 0.00	
4 Add						\$ 0.00	
4 Deduct						\$ 0.00	
5 Add						\$ 0.00	
5 Deduct						\$ 0.00	
6 Add						\$ 0.00	
6 Deduct						\$ 0.00	
<b>TOTAL</b>				\$ 0.00	\$ 0.00	\$ 0.00	

\_\_\_\_\_  
Contractor Agent's Name/Signature

\_\_\_\_\_  
Architect or Engineer's Name/Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
UCF Project Manager Signature

\_\_\_\_\_  
UCF FP&C Associate Director Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Application Packet 4 - Contractor Contingency Transfer Form

**Contractor Contingency Transfer Form**

Project Number:


Project Name:

Contractor:

Architect/Engineer:

Date Submitted:

CC Transfer #:



Revision #	SOV Section	Line Item #	Description of Line Item	Previous SOV	Add/Deduct	Revised SOV	Reason For Transfer
1 Add						\$ 0.00	
1 Deduct						\$ 0.00	
2 Add						\$ 0.00	
2 Deduct						\$ 0.00	
3 Add						\$ 0.00	
3 Deduct						\$ 0.00	
4 Add						\$ 0.00	
4 Deduct						\$ 0.00	
5 Add						\$ 0.00	
5 Deduct						\$ 0.00	
6 Add						\$ 0.00	
6 Deduct						\$ 0.00	
<b>TOTAL</b>				\$ 0.00	\$ 0.00	\$ 0.00	

\_\_\_\_\_  
Contractor Agent's Name/Signature

\_\_\_\_\_  
Architect or Engineer's Name/Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
UCF Project Manager Signature

\_\_\_\_\_  
UCF FP&C Associate Director Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_



Consultant Invoice Packet 1 - Professional Service Invoice Template

INSTRUCTIONS						
<b>UCF FACILITIES PLANNING AND CONSTRUCTION</b>						
PROFESSIONAL SERVICES INVOICE						
<b>To: University of Central</b>		<b>Project Name:</b>		<b>Instructions:</b> 1) update all text in red, then turn the red text to black text 2) update the Professional Services fields and Fee to be consistent with the contract 3) fill in the "% COMP" field for each billed item to populate the "AMOUNT DUE" 4) fill in the "LESS PREVIOUSLY BILLED" field for past invoices 5) verify accuracy of amounts 6) Principal certifies, signs, and dates invoice		
Facilities Planning & Construction PO Box 163640 Orlando, FL 32816-3640		UCF Project Number: Enter UCF project number here, or N/A Sequential Invoice Number: Enter invoice number here Date: Enter date here				
<b>From: Enter firm name here</b>		Professional's Project Number: Enter project number here				
Enter firm address here		Professional's Invoice Number: Enter invoice number here				
Enter firm city/state/zip here		Other Professional Fields here:				
Enter firm phone Number here						
Enter Federal ID no. here						
Enter contact person name here						
Enter contact person phone/email here						
PROFESSIONAL SERVICES	FEE	% COMP	AMOUNT DUE	LESS PREVIOUSLY BILLED	AMOUNT DUE THIS INVOICE	TOTAL PAID
1			\$ -		\$ -	\$ -
2			\$ -		\$ -	\$ -
3			\$ -		\$ -	\$ -
4			\$ -		\$ -	\$ -
5			\$ -		\$ -	\$ -
6			\$ -		\$ -	\$ -
7			\$ -		\$ -	\$ -
8			\$ -		\$ -	\$ -
9			\$ -		\$ -	\$ -
10			\$ -		\$ -	\$ -
11			\$ -		\$ -	\$ -
12			\$ -		\$ -	\$ -
13			\$ -		\$ -	\$ -
14			\$ -		\$ -	\$ -
15			\$ -		\$ -	\$ -
16			\$ -		\$ -	\$ -
17			\$ -		\$ -	\$ -
18			\$ -		\$ -	\$ -
19			\$ -		\$ -	\$ -
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21			\$ -		\$ -	\$ -
22			\$ -		\$ -	\$ -
23			\$ -		\$ -	\$ -
24			\$ -		\$ -	\$ -
25			\$ -		\$ -	\$ -
26			\$ -		\$ -	\$ -
27			\$ -		\$ -	\$ -
28			\$ -		\$ -	\$ -
29			\$ -		\$ -	\$ -
30			\$ -		\$ -	\$ -
<b>GRAND TOTALS</b>			\$ -	\$ -	\$ -	\$ -
<b>PROFESSIONAL CERTIFIES THAT THE DOCUMENTS RELATED TO THIS INVOICE COMPLY WITH ALL UCF STANDARDS, AND THAT THE CRITICAL NEEDS CHECKLIST HAS BEEN PROVIDED TO UCF FOR REVIEW, IN ACCORDANCE WITH THE AFFILIATED DESIGN PHASE. PROFESSIONAL CERTIFIES THAT</b>						
Typed Name of Principal		Signature of Principal		Date		
<b>UNIVERSITY APPROVAL</b>			Initials	Date	Date Stamp for UCFFF&OUa Only	
UCF Project Manager Approval: Services have been rendered as invoiced						
Amounts invoiced are consistent with Contract						
Critical needs checklist reviewed and acceptable						
Associate Director Facilities Planning and Construction	Invoice Approval \$0 to \$50,000					
Director Facilities Planning and Construction	Invoice Approval \$50,000+					