

8/2025

NCDOT Utility Claim (Invoice) Checklist

The following requirements are for the claim “submitter” to follow when entering a claim (invoice) in the UAMS system.

Workflow Sequence: Submitted by UC, Work Verified by Field Approver (L1), Central Utilities Area Coordination staff reviews (L2), Central Utilities Business Officer (L5BO), Contract Management (CM).

If any of the below items are not included with a claim submittal, one of the reviewers will return it for correction

PARTIAL INVOICE CHECKLIST:

- ☐ **Invoice on Utility Letterhead**
Invoice must be on letterhead from the Utility Owner and not a sub-contractor.
- ☐ **Unique Invoice Number**
Number must be more than one digit and if there isn't one provided, use the date on the invoice in YYYYMMDD format.
- ☐ **Invoice Date**
The invoice date on the invoice must match the “Vendor Invoice Date” in the Claim Form section of UAMS.
- ☐ **Correct Address**
The address on the invoice should match the “Remittance Address” in the Claim Form section of UAMS.
- ☐ **Correct WBS number**
The WBS number on the invoice must match the WBS number in the Claim Form section of UAMS.
- ☐ **Correct Cost**
The cost on the invoice must match the cost in the Claim Form section of UAMS (to the penny).
- ☐ **Cost Breakdown**
There should be appropriate, itemized cost breakdown provided that will back-up the amount being invoiced. (Previous billing statements should also match our records)
- ☐ **Funding Available**
Check SAP Funding/Expense Summary (ZPSR01) to make sure the “Unexpended Balance” will support the invoice.

ITEMS TO MANUALLY ADD TO THE INVOICE

- ☐ **UAMS Claim Number**
- ☐ **Invoice Received on Date (Must match “Received On” date in the Claim Form section of UAMS)**
- ☐ **Digital Signature of NCDOT Utility Coordinator**
- ☐ **Late Invoice Payment Statement (If 30+ days from “Invoice Date”)**

ATTACHMENTS: Company invoice and breakdown information

All items on this checklist have been included (initial below).

Utility Coordinator: _____

Central Utilities Regional Coordinator: _____