Naming Convention: GEU Manual Section 9.2.6

Initial Submittal

* TIP\_GEO\_Project Type\_Invoice Number\_Firm Name\_Project ID.pdf
* TIP\_GEO\_Project Type\_Invoice Number\_Firm Name\_Project ID.xlsx

Revised Submittal

* TIP\_GEO\_Project Type\_Invoice Number\_Firm Name\_REVX\_Project ID.pdf
* TIP\_GEO\_Project Type\_Invoice Number\_Firm Name\_REVX\_Project ID.xlsx

Note: • REVX: “REV” indicates revised; “X” indicates chronicle order of the revision

| **Item #** | **Review Item** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- | --- |
|  | **File Naming** |  |  |  |
|  | Spreadsheet and PDF are correctly named |[ ] [ ] [ ]
|  | **Invoice Cover Sheet** |  |  |  |
|  | Firm’s Name, Firm’s Vendor Number, Contract #, PO Number, Project ID, TIP Number, WBS Element, DOT Project Manager, and Invoice Type are auto filled from Geotech’s internal project database are correct? |[ ] [ ] [ ]
|  | Firm’s invoice number matches the invoice number on Firm’s invoice sheet on page 3? |[ ] [ ] [ ]
|  | Final invoice selection correct? |[ ] [ ] [ ]
|  | Invoice Date on cover sheet matches the invoice date on the Firm’s invoice sheet on page 3? |[ ] [ ] [ ]
|  | Total Invoice Amount is populated from the PO Balance? |[ ] [ ] [ ]
|  | **DBE-IS Sheet** |  |  |  |
|  | Firm Invoice Number Reference is populated correctly from the invoice cover sheet? |[ ] [ ] [ ]
|  | NCDOT PO, Contract Number, WBS Element, and TIP Number are auto filled from Geotech’s internal project database correctly? |[ ] [ ] [ ]
|  | Date of Invoice is populated correctly from the Invoice Cover Sheet? | [ ]  | [ ]  | [ ]  |
|  | The DBE-IS form is signed? |  |  |  |
|  | Invoice Line Item Reference correct? | [ ]  | [ ]  | [ ]  |
|  | Payer Name completed? | [ ]  | [ ]  | [ ]  |
|  | Payer Federal Tax ID/Vendor Number correct? | [ ]  | [ ]  | [ ]  |
|  | Subcontractor/Subconsultant/Material Supplier Name(s) correct? | [ ]  | [ ]  | [ ]  |
|  | Subcontractor/Subconsultant/Material Supplier Federal Tax ID(s) correct? | [ ]  | [ ]  | [ ]  |
|  | Amount Paid to Subcontractor/Subconsultant/Material Supplier This Invoice correct? |[ ] [ ] [ ]
|  | Date Paid to Subcontractor/Subconsultant/Material Supplier This Invoice correct? | [ ]  | [ ]  | [ ]  |
|  | Name is provided in print for person who signed DBE-IS form? | [ ]  | [ ]  | [ ]  |
|  | Title is provided for person who signed DBE-IS form? | [ ]  | [ ]  | [ ]  |
|  | Date is provided with signature? | [ ]  | [ ]  | [ ]  |
|  | **Remit To Placeholder / Firm Invoice** |  |  |  |
|  | Insert a Company invoice on letter head with the following: |  |  |  |
|  | Does the company name match what is listed in NCDOT Directory of Firms? | [ ]  | [ ]  | [ ]  |
|  | Project information is provided? |[ ] [ ] [ ]
|  | A brief description of services is provided? |[ ] [ ] [ ]
|  | A unique invoice number with no more than 16 characters is utilized? |[ ] [ ] [ ]
|  | Payment amount is provided? |[ ] [ ] [ ]
|  | Invoice date is provided and matches cover sheet? |[ ] [ ] [ ]
|  | Remit to address is provided? |[ ] [ ] [ ]
|  | Remit to address matches Consultant Rate Schedule (CRS) address for firm? |[ ] [ ] [ ]
|  | **PO Balance Tab** |  |  |  |
|  | Firm, TIP Number, and PO are auto filled by Geotech’s internal project database are correct? |[ ] [ ] [ ]
|  | Previous invoice number and amount billed is correct? |[ ] [ ] [ ]
|  | Is the Current Invoice filled out with: |  |  |  |
|  | Invoice number? |[ ] [ ] [ ]
|  | Invoice date? |[ ] [ ] [ ]
|  | Invoice total? |[ ] [ ] [ ]
|  | Fee amount? |[ ] [ ] [ ]
|  | Total, Approved, amount Remaining and % Used are populated by other cells or calculated correctly |[ ] [ ] [ ]

*For items marked* ***No****, provide comments or action items in the table below.*

| **Item #** | **Comments and Action Items** |
| --- | --- |
|  Click to edit. |  Click to edit. |

|  |
| --- |
| **This checklist may not be comprehensive to every project. All items may not be applicable for smaller projects. It is the responsibility of the reviewer to ensure that all necessary information has been provided and an adequate review performed.** |
| **QC Reviewer Name:** |  Click to edit. | **Date:** |  Click to edit. |
| **QC Reviewer (Signature):** |  |