

RAM Custodial Care and Landscape Maintenance\Recycling Services
 INVOICE SUPPORTING DOCUMENTATION

RAM-INV-025.XLS

A. Contractor Name and Address	D. Project Identification Number
B. Contractor Invoice Number & Date	E. Site Description
C. Time Period Covered by This Invoice	F. County

(payments may be held until correct figures are submitted)

G. Total Cost This Invoice..... **\$** _____ -

H. Total Costs Previously Invoiced To The CCLM/Recycling Project.....*

I. Total Cost Invoiced To Date To The CCLM/Recycling Project..... **\$** _____ -

J. Purchase Order Amount For the CCLM/Recycling Project (including amendments)..... _____

Contractor Certification *I certify that to the best of my knowledge the work as listed above has been completed, represents no duplication of payments, and any and all costs are in compliance with the contract terms.*

X _____ (Name)

_____ (Title)

WisDOT Approval

Date Invoice Received	Amount Approved for Payment
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_____ Partial X _____ (Name)

_____ Final _____ (Title)

Program Manager Approval

Check if corrections memo issued: _____ Memo number: _____

X _____ (Name)

_____ (Title)

RAM Custodial Care and Landscape Maintenance/Recycling Services

INVOICE SUPPORTING DOCUMENTATION

Site:
Invoice Month:

1.	SALARIES	\$	-
2.	FRINGE BENEFITS	\$	-
3.	MATERIAL & SUPPLIES	\$	-
4.	EQUIPMENT	\$	-
5.	VEHICLES	\$	-
6.	CONTRACTOR SERVICE COST	\$	-
7.	SITE LIABILITY INSURANCE	\$	-
8.	SPECIAL VENDOR SERVICES	\$	-
9.	MISCELLANEOUS	\$	-
10.	TOTAL COSTS	\$	-

WHEN SUBMITTING THIS DOCUMENT TO WISDOT, IMMEDIATELY FAX THIS PAGE TO RFW, ATTENTION: SUSAN DAVIS TO 888-435-7455 OR EMAIL TO SDAVIS@RFW.ORG. (MUST BE SUBMITTED NO LATER THAN THE 20TH OF EACH MONTH)

1. SALARIES

Total Hours
Include supervisor & worker regular & overtime hours / wages

2. FRINGE BENEFITS

include FICA (7.65%)

3. MATERIAL & SUPPLIES

(Listed Separately On Page 5)

C: \$ - B: \$ - T: \$ -
P: \$ - G: \$ - U: \$ - M: \$ -

\$ -

4. EQUIPMENT

Equipment Purchase

Equipment costing \$100.00 or greater listed under "EQUIPMENT PURCHASE".
Pre-approved equipment purchases over \$5,000.00, depreciate over a three year period.
Equipment purchases under \$5,000.00, list total cost.

- A.
B.
C.
D. Equipment Fuel
E. Equipment Operating (including oil, parts, maintenance, etc.)

TOTAL EQUIPMENT \$ -

5. VEHICLE

- A. Depreciation (list vehicle, payment number)
B. Mileage Rate: mi. \$
C. Vehicle Fuel
D. Vehicle Operating
D. Other Major Repairs (Please List)
E. Insurance

TOTAL VEHICLE COSTS \$ -

6. CONTRACTOR SERVICE COST

The Wisconsin DOT will not reimburse for more than the maximum amount listed in the contract.

7. SITE LIABILITY INSURANCE

8. SPECIAL VENDOR SERVICES

List Work Completed and Location:

- A. Trash / Recycling Service:
B. HVAC System Service:
C. Electrical Service:
D. Plumbing Service:
E. Well Service:
F. Septic Service:
G. Portable Toilet Service:
H. Fire Extinguisher Service:
I. Landscape
J. Building
K. Other (please list):

TOTAL SPECIAL VENDOR SERVICE COSTS \$ -

9. MISCELLANEOUS COSTS

(Including water testing, storage, telephone & internet, etc.)

- A.
B.
C.
D.

TOTAL MISCELLANEOUS COSTS \$ -

