

CONSULTANT INVOICE FIELD DEFINITIONS Engineering Financial Services (EFS)

Please imprint invoice on Consultant Firm's letterhead.

<u>Actual Total Paid to Date</u>: Consultant firm's record of actual amounts paid to date under a Work Order/ Purchase Order

<u>Agreement Number</u>: Unique per conformed agreement and subject to change during a multi-year program; provided by PA on conformed agreement and authorization material thereof

<u>Consultant's Estimate for Next Month's Invoice</u>: Consultant must provide good estimate of billing charges for upcoming month to be reviewed and updated by PA Agreement Project Manager. This amount is used for accrual purposes.

<u>Cost Center and Internal Order</u>: PA internal accounting codes combined to chargeback to PA Operating budget; unique to a Work Order/ Purchase Order and subject to change; provided on Work Orders and Change Orders

<u>Current Invoice Amount</u>: Breakdown of charges for current billing period; provided by consultant firm

<u>ECI (Engineering Call-In) Number:</u> Sequential identification number to differentiate Work Orders/ Purchase Orders within a Call-in Agreement; provided on Work Order and reference material thereof

<u>GL Account</u>: PA internal accounting code to chargeback to PA Operating and Capital budgets; unique to engineering discipline or group; provided on Work Orders and Change Orders

Invoice Date: Consultant firm's date of invoice

Invoice Number: Consultant firm's invoice number [submit invoices for retroactive expenditures separately and add the suffix "RETRO" to the invoice number; when submitting the last invoice under a Work Order/ Purchase Order, add the suffix "FINAL" to the invoice number]

Invoice Period: Consultant firm's time period covered by invoice

<u>**Outstanding Amount:**</u> Consultant firm's reference field to monitor amount outstanding for a Work Order/ Purchase Order (does not include the value of "current invoice amount" field)

Port Authority APM Contact: PA Agreement Project Manager; provided on Work Order and Change Order



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Percentage Complete: Consultant firm's percentage of work completed for Work Order/ Purchase Order

Previously Billed: Consultant firm's reference field to track previously billed amounts

Purchase Order Number: PA internal mechanism to budget for Work Order value, manage budget and generate payment; unique to Work Order; provided on Work Order and reference material thereof

<u>Reference</u>: Title of agreement; provided on conformed agreement

<u>Remaining Work Order (Award Letter) Budget:</u> Consultant firm's reference field to monitor available funds per Work Order/ Purchase Order

Subject: Description of Work Order/ Purchase Order; provided on Work Order and Change Order

Taxpayer Number: Consultant firm's taxpayer identification number

<u>Total Work Order (Award Letter) Budget:</u> Authorized amount per Work Order/ Purchase Order; provided on Work Order and updated via Change Order

<u>Vendor Number</u>: PA internal number assigned to consultant firm in order to generate payment; unique to consultant name and payment remittance address; provided by Engineering Financial Services (EFS) staff

<u>WBS Element:</u> PA internal accounting code to chargeback to PA Capital budget; unique to Work Order/ Purchase Order and subject to change; provided on Work Orders and Change Orders

For questions or concerns regarding consultant invoices, please contact one of the following EFS Customer Service Managers:

• For Engineering and Architectural Design Division (Unit 415), Amy DeNardo at <u>adenardo@panynj.gov</u> or 201-395-3627

For all OTHER Engineering Department divisions (including Sandy Projects), Stacey Gibson Williams at stacey Gibson Williams at stacey Stacey Stacey.org/anyni.gov stacey Stacey.org/anyni.gov stacey Stacey.org/anyni.gov stacey Stacey.org/anyni.gov stacey Stacey.org/anyni.gov stacey.org/anyni.gov <a href="https://www.stacey.org/anyni.gov"/

Vendor Name:			Vendor Address:		
Vendor Contact Name:					
Vendor Contact Phone			Vendor Contact Email:		
Vendor Number: Taxpayer Number:					
Taxpayer Number.				For PA u	se only
The Port Authority of NY & NJ ATTN: Program Director, EFS				SE Number	
2 Montgomery Street, 4th Floor Jersey City, New Jersey 07302 Email invoices to: ENG-Invoid	ces@panyni.gov				
Port Authority APM Contact:		er)			
SUBJECT:	(as stated in Award Lette	er)			
REFERENCE:	EXPERT PROFESSION	AL SERVICES FOR ON A	"CALL-IN" BASIS DUR	ING 20	
Discipline/Group	<select></select>				
Purchase Order Number		Invoice Number			
Agreement Number		Invoice Number			
ECI Number		Invoice Period Start			
		Invoice Period End			
				DEMANTING	
	TOTAL WORK ORDER BUDGET	PREVIOUSLY BILLED	CURRENT INVOICE	REMAINING BUDGET	For PA use only COMMENTS
Prime Vendor					
Labor Cost			0.00	0.00	
Out-of-Pocket Expenses			0.00	0.00	
Sub-Totals	0.00	0.00	0.00 0.00	0.00 0.00	
		0.00	0.00	0.00	
Sub-Totals		0.00	0.00 0.00	0.00 0.00	
Sub-Totals		0.00	0.00	0.00	
Sub-Totals		0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	
Sub-Totals		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	
Sub-Totals		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 0.00	
Sub-Totals		0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below)			0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals		0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals 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 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below)			0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-totals Sub-totals TOTALS	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	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 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	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 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-totals Sub-totals Percentage Complete	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	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 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-totals Sub-totals Percentage Complete Actual Total Paid to Date	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	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-totals Sub-totals Percentage Complete	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	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-Vendors (list below) Sub-totals Percentage Complete Actual Total Paid to Date Outstanding Amount	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	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 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-Vendors (list below) Sub-totals Percentage Complete Actual Total Paid to Date Outstanding Amount	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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-Vendors (list below) Sub-totals Percentage Complete Actual Total Paid to Date Outstanding Amount Acco	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 Pg2 for Account Code B for 1st Signatory/Task	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-Vendors (list below) Sub-totals Percentage Complete Actual Total Paid to Date Outstanding Amount	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 Pg2 for Account Code B for 1st Signatory/Task	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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-Vendors (list below) Sub-totals Percentage Complete Actual Total Paid to Date Outstanding Amount Acco	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 Pg2 for Account Code B for 1st Signatory/Task	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
Sub-Totals Sub-Vendors (list below) Sub-Vendors (list below) Sub-totals Percentage Complete Actual Total Paid to Date Outstanding Amount Acco	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 Pg2 for Account Code B for 1st Signatory/Task	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	

Account Code Breakdown

Invoice Number PO Number)		Invoice Date Agreement No.	1/0/1900	
PRIME Labor B	Breakdown	Operating Pro	ogram (incl. CG3)	Capital Program		
AMOUNT (\$) BREAKDOWN *	GL ACCOUNT	COST CENTER	INTERNAL ORDER	WBS ELEMENT	DESCRIPTION	For ECIP use only
\$-	Total Account	t Code for PRI	ME Labor			

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.

PRIME Exp	enses	Operating Pro	Operating Program (incl. CG3) Capital Program			
AMOUNT (\$) BREAKDOWN *	GL ACCOUNT	COST CENTER	INTERNAL ORDER	WBS ELEMENT	DESCRIPTION	For ECIP use only
\$-	Total Account		•			

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.

SUB-VENI	DORS	Operating Program (incl. CG3)		Capital Program		
AMOUNT (\$) BREAKDOWN *	GL ACCOUNT	COST CENTER	INTERNAL ORDER	WBS ELEMENT	DESCRIPTION	For ECIP use only
\$ -	Total Account	Code for SUE	VENDORS			

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.

Total Account Code Breakdown*

* Total Account Code Breakdown must equal Current Invoice Total. The Total will be highlighted in red if it does NOT match.

Labor Expense Breakdown

Invoice Number	0
Invoice Date	1/0/1900
Invoice Period	1/0/1900 - 1/0/1900
-	

APPROVED STAFF NAME (last name, first name in alphabetical order)	ONSITE / OFFSITE	Multiplier Stated in Agreement	STAFF PA ID (Apply to On-site Consultant)	APPROVED HOURLY RATE	REG. HOURS WORKED	OTHER HOURS WORKED	TOTAL LOADED LABOR	For PA use only COMMENTS	For ECIP use only NOT APPROVED
	<select></select>						0.00		
							0.00		
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							0.00		
							0.00		
	Total Labor	Expense			0.00	0.00	\$0.00		

Premium Payment for Overtime, Night Work or Hazardous Duty								
e						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		
	Total Labo	r Expense			0.00	\$0.00		

Billing Rates for Partners/Principals								
							0.00	
							0.00	
							0.00	
							0.00	
							0.00	
	Total Labo	r Expense			0.00		\$0.00	

Total Labor Expense \$

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Out-of-Pocket Expense Breakdown

Invoice Number	0
Invoice Date	1/0/1900
Invoice Period	1/0/1900 - 1/0/1900

STAFF NAME	DESCRIPTION OF OUT-OF-POCKET EXPENSE	TOTAL OUT-OF-POCKET EXPENSE	For PA use only COMMENTS
	Total Out-of-Pocket Expense	\$-	

Sub-Vendor Expense Breakdown

Invoice Number	0
Invoice Date	1/0/1900
Invoice Period	1/0/1900 - 1/0/1900

SUB-VENDOR NAME	SUB-VENDOR INVOICE NUMBER & DATE *	TOTAL SUB-VENDOR EXPENSE	For PA use only COMMENTS
	Total Sub-Vendor Expense	\$-	

* List each sub-vendor invoice seperately