**CONSULTANT CONTRACT INVOICE-OVERHEAD RATE ADJUSTMENT**

Wisconsin Department of Transportation

*For Use on Actual Cost Contracts When Change in Approved Indirect Cost (Overhead) Rate Occurs.*

|  |  |
| --- | --- |
| Consultant Name      | WisDOT Project Manager      |
| Address                | State Project IDProject I.D.# to charge invoice to:      Lowest Project I.D.# on contract:       |
| City, State, Zip Code      | Master Contract Project ID      |
| Federal Employer Identification Number      | Work Order Project ID      | Work Order Number      |
| Consultant Invoice Number      | Current Date      | Project Description      |
| Time Period Covered by this Invoice      | County      |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Original Contract Amount |  |  |  |  |  | $      |
|  |  |  |  |  |  |  |
| 2. Revised Contract Amount  |  |  |  |  |  | $      |
| Give Amendment #s: |  | #      |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. Amount Previously Invoiced |  |  |  |  |  | $      |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| YEAR ENDING:  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  A) Actual Allowable Direct Labor Invoiced |  | $       |  |  |  |  |
|  |  |  |  |  |  |  |
|  B) Actual Audited & Approved Indirect Cost Rate |        % |  |  |  |  |
|  |  |  |  |  |  |  |
|  C) Total Allowable Indirect Costs (A X B) |  | $       |  |  |  |  |
|  |  |  |  |  |  |  |
|  D) Indirect Costs Previously Invoiced and Paid by WisDOT |  | $       |  |  |  |  |
|  |  |  |  |  |  |  |
|  E) Amount Due/Consultant Owed (C - D) |  | $       |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 4. Total Earned to Date |  |  |  |  |  | $      |

**Consultant 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** |
| (Signature) |
| (Print Name) |
| (Title) |

**Department Approval**

*This invoice has been reviewed for accuracy and compliance and is approved for payment. Provide explanation for any portion(s) not approved for payment:*

|  |  |
| --- | --- |
| Date Invoice Received | Amount Approved for Payment |

 Partial Payment

 Final Payment

|  |
| --- |
| **X** |
| (Signature) |
| (Print Name) |
| (Title) |