Progress Reports and Invoicing Tips and Tricks

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SEA Program
Department of Ecology

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Progress Reports

- Old form still in effect
- New form coming soon!
  - More text – by task
  - Comparison of $ to %
  - More detailed staff sign-off
- Must turn in PRs quarterly regardless of whether or not billing

Quarterly Progress Report
for the
Shoreline Master Program Update

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Recipient Name: _____ Contract No.: **G0600**

Project Title: **Shoreline Master Program Update**

Reporting Period: From: _____ To: _____

Ecology's Project Officer: _____

Reported by: _____ Date: _____
Recipient Signature

Ecology Review	
Project Officer	Date

This report must accompany all requests for payment and, as appropriate, will be accompanied by deliverables per the scope of work.

Boxes below will expand to provide complete information; use F11 to get to the next field.

Compare actual accomplishments by task to the objectives established for the reporting period:
List deliverables due to Ecology by date of this progress report and their status.
Status of Project Schedule:
Status of budget:
Personnel changes:
Any difficulties encountered during the quarter:

Forms, Forms, Forms

- Required: Forms A, B, C D (E-J not needed)
- Must fill out all forms every time you bill (no more than monthly, usually quarterly)
- No need to submit forms if not billing

Form

A-19-1A

(Rev. 10/00)

ECY 060-02

State of Washington

INVOICE VOUCHER

Form A

AGENCY USE ONLY

AGENCY NO.	LOCATION CODE	P.R. OR AUTH NO.

AGENCY NAME

1. Proj. Off. Program.

Washington State Department of Ecology
P.O. Box 47600, Olympia WA 98504-7600

2. Grant/Loan/ Recipient (Warrant is to be payable to:)

Fed ID No.

3. Payment Request No.

4. Agreement No.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

5. By:

(sign in blue ink)

Title Date

6. ( )
Contact Person Tel. No.

Received By Date Received

Project Officer Approval for Payment/Performance Certification

Date:

		Year 1	Year 2	Year 3	Total
7	Effect. Date Expiration Date				
8	Billing Period from to				
9	Fund Source Name				
10	Amount of Grant/Loan from Fund				
11	Cumulative Amount Requested				
12	Previous Cumulative Amount Requested				
13	Current Request/Payment Due				
14	Grant/Loan Remaining in the Fund				

All payments made are subject to federal and/or state audit

DOC DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NO.	VENDOR MESSAGE	USE TAX	UBI NO.

REF DOC SUF	TRANS CODE	MOD	FUND	MASTER INDEX		SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORKCLASS	COUNTY	CITY/TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
				APPN	PROGRAM INDEX				ALLOC	BUDGET UNIT	MOS					

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER

Ecology is an Equal Opportunity and Affirmative Action Employer.

FORM B2: RUNNING BUDGET SUMMARY for PROJECTS with CASH EXPENDITURES ONLY

Use one form for each group of costs with the same eligibility requirements.

Agreement No: _____ Recipient: _____

Payment Request _____ Page _____ of_____

FOR PROJECTS WITH MORE THAN ONE GROUP OF ELIGIBILITY REQUIREMENTS:

Group No _____ Fund Source(s): _____

(1) Element No.	(2) Cash Expenditures This Request	(See instructions)		(5) Cumulative Cash Expenditures on Prev. Form B2	(6) New Cumulative Cash Expenditures	(7) BUDGET	(8) Eligible Cumulative Element Cost
		(3) Elig. %	(4) Elig. Amount				
		XXXXXX XX					(9)

10. For each fund administered by Ecology that supports this group of costs, enter the name of the fund and the fund share (%) at right.	FUND: _____ SHARE: _____%	FUND: _____ SHARE: _____%	FUND: _____ SHARE: _____%
11. Compute Fund Amounts: In each column, multiply box 9 above by the fund share (%) in line 10 and enter the result.			

FORM C2: VOUCHER SUPPORT for PROJECTS with CASH EXPENDITURES ONLY

Use one page per element, or subtotal each element separately.

Agreement No: _____ Recipient: _____ Payment Request _____ Page _____ of _____

(1) Ele-ment No.	(2) Payee	(3) Item	(4) Invoice Number	(5) Date Cost Incurred	(6) Warrant Number (if any)	(7) Amount of Cash Expenditure
TOTALS BY ELEMENT						$(8)

ECY 060-9 (09/05)

WASHINGTON STATE DEPARTMENT OF ECOLOGY

FORM D: CONTRACTOR PARTICIPATION REPORT

Per Office of Minority and Women-Owned Business Enterprise reporting requirements, this form must accompany any payment requests which includes payments to any private sector contractors. It may be completed by the recipient or by the contractor.

Agreement No: _____ Payment Request No: _____ Page: _____ of _____

Recipient: _____

INSTRUCTIONS: ALL primary contractors under a grant or loan and all MINORITY or WOMEN-owned sub-contractors must be reported on this form.

(Column 1) Indicate each contractor and sub-contractor on a separate line, listing sub-contractors below the appropriate primary contractor.
(Column 2) Identify each contractor as primary (P) or sub (S).
(Column 3) If the contract was sole source, enter Y, or otherwise enter N.
(Column 4) Enter the contractor's federal ID number.
(Column 5) Enter the amount invoiced by each (sub-) contractor in the current payment request.
(Column 6) Enter the task number under which the invoice amount was reported on Form C1/C2.

(1) Contractor	(2) P = Primary S = Sub	(3) Sole Source Y/N	(4) Federal Tax ID Number	(5) Amount of Contractor Invoice on this Request	(6) Task/Object Number

LIGHT REFRESHMENT APPROVAL FORM – Grants
Washington State Department of Ecology

This form is to be submitted to Ecology for verification prior to any event where it is anticipated that Ecology will incur costs for room or facility rent, meals, coffee, light refreshments, speaker cost, and other related costs.

Grant Number:

County:

Date of request

Date of Event:

Name of requesting person:

Location of event:

Title of event:

Purpose of event:

Number of people expected to attend:

Estimated cost of ☐coffee; ☐light refreshment; ☐meal per person: $

Estimated meal cost total: $

Justification for why coffee / light refreshment or meal is being provided during the meeting (why a break sufficient for purchase of personal meal is not being provided). Use additional page if necessary.

Please include a copy of the event agenda and roster of attendees with this form.

_____ _____
Ecology Project Officer approval Date

Big Picture

- Be mindful of funding – it is allocated on a yearly basis.
- Always respond to estimate requests – these are essential for billing after end of the fiscal year.

2007 Biennium Estimate

Estimate Number «Estimate_no» _____ Date _____

TO: Department of Ecology Fiscal Office
ATTN: Contracts/Grants Payable
PO Box 47615
Olympia, WA 98504-7615
FAX Number: (360) 407-7153

FROM: Contractor/Grantee Name «Bus_name» _____

SUBJECT: Contract/Grant Number «Ident_no» _____

INSTRUCTIONS:

*Use this form **only** for the Contract/Grant listed above. (Not all agreements require an estimate.)
***Only include costs for work performed through June 30, 2007.**

***Please return this completed form to the Ecology Fiscal Office by July 13, 2007.**

To calculate your costs through June 30, 2007, complete the following:

a.	Total of all invoices PAID to you on this agreement	$ _____
b.	Total of all UNPAID invoices which you have sent to Ecology	$ _____
c.	The ESTIMATED and UNINVOICED amount of costs to be incurred through June 30, 2007	$ _____
d.	Amount to be incurred through June 30, 2007 (Total of a, b, and c, above)	$

********** **REMEMBER** **********
The costs reported above should include ONLY Ecology's share of the total costs.

Completed by: _____

Phone: _____ E-mail: _____

Please submit an invoice for actual costs as soon as possible, but no later than August 10, 2007.
Reference this estimate number on the invoice, and include a copy of this estimate with your invoice.

Please contact one of the following if you have questions:

Tra Thai, (360) 407-7063	Leon Terao, (360) 407-7072	Melanie Lee, (360) 407-7181
ttha461@ecy.wa.gov	lter461@ecy.wa.gov	mele461@ecy.wa.gov

June 13, 2007 TO BE MAILED 6/13/07

«Bus_name»
ATTN: «Bus_cont_name»
«Bus_addr_1»
«bus_addr_2po»
«bus_addr_city» «Bus_addr_state» «Bus_addr_zip»

Dear Recipient:

RE: Estimated costs through June 30, 2007, for Ecology Contract/Grant «Ident_no», «Program»

The State of Washington operates on a biennial budget basis and the current biennium ends June 30, 2007. To ensure funds are available to reimburse you, please follow the procedures below.

1) **Complete the enclosed 2007 Biennium Estimate form.**

   a. The Total Amount (Box d) should be for costs incurred through June 30, 2007. The estimate form should include only Ecology's share of the total costs.

   b. Fill in your name, phone number, and e-mail address in case we need to ask you a question about your form.

   c. Be as accurate as possible when completing the estimate form. This will ensure we have enough funds to pay your invoice(s).

   d. Please notify your Financial Office of these dates and the need for this form.

   e. **Fax the completed estimate form to (360) 407-7153 by July 13, 2007.**

   <u>Or</u> mail to PO BOX 47615 Olympia, WA 98504-7615.

2) **When you submit an invoice for actual costs:**

   a. Reference the estimate number that is on the top left corner of the estimate form

   b. Include a copy of the estimate form with your invoice.

   c. **Submit your invoice for ACTUAL costs by August 10, 2007, for costs incurred through June 30, 2007.** (Note: If the performance period of your agreement goes beyond June 30, 2007, invoice separately for costs incurred through *June 30, 2007,* and for costs incurred *July 1, 2007, and after*.)

If you have any questions on any part of this process, please contact Tra Thai, (360) 407-7063, ttha461@ecy.wa.gov; Leon Terao, (360) 407-7072, lter461@ecy.wa.gov; or Melanie Lee, (360) 407-7181, mele461@ecy.wa.gov.

Sincerely,

Gary M. Zeiler

Gary M. Zeiler
Fiscal Manager

Enclosure