Invoice Circulation Tracking

(Attach to Invoice)

Consultant: _____ Invoice #: _____

Project Manager: _____ Agree. #: _____

Project (New/ Old #): _____

Project Description: _____

Section: ☐ PD-N ☐ PD-S ☐ NC ☐ SC ☐ BD ☐ QLTY ☐ TS ☐ DS ☐ ES ☐ PLAN.

Date

_____Received by Section

Initials

_____Received by Project Manager: _____

Is this the FINAL INVOICE on this Project? Yes _____ No_____

Or Agreement? Yes _____ No_____

If YES, date notified Audit Section: _____

Is this project Federally Participating? Yes _____ No_____

_____Invoice OK'd by Project Manager

_____Invoice APPROVED by Section Head and forwarded to Trans Sol for payment

_____/_____

Signature *Date*

_____Invoice Received in Transportation Solutions Accounting

_____PV approved by Budget Unit in FACTS

Comments:

_____

_____

_____

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