

Department of Transportation Consultant Agreement Payment Approval

Agreement Number: _____

Consultant Name: _____

Project Number: _____

Check List Form

_____ Verified that all work performed by the consultant on this payment is within allowable timeframes/dates as set forth in the signed agreement under which this work was performed.

_____ Verified that the scope of work performed by consultant is within the scope as set forth in the signed agreement under which this work was performed.

_____ Verified that the amount of this payment is within the upset limit as set forth in the signed agreement under which this work was performed

_____ Verified that all amounts being billed by the consultant are within other established limits including profit, overhead, travel, and other incidental costs.

_____ Communicated with fiscal staff or preparer of payment request as to how the invoice is to be funded (ie Federal/State/J etc) especially if different from how the project or activity (phase) was initially set up. For example – Must notify preparer if certain payments are ineligible for federal funds (Non-participating) even though project was set up as federally participating.

I certify that I have read and understand the terms and conditions set forth in agreement number _____, and that all work itemized in the attached billing from the consultant is in conformance with said terms and conditions of the signed agreement, DelDOT policies/procedures, and established funding authorization dates and limits.

Signed _____ Date _____

Project Manager

**PLEASE ATTACH COMPLETED FORM TO INVOICE AND/OR BACKUP
DOCUMENTATION TO BE SCANNED**