Purpose:

Use this procedure to route and obtain required electronic signature for invoice processing. This procedure describes the steps required to obtain the approval signature while maintaining internal control.

Procedure:

1. Vendors are asked to send all invoices and statements electronically to CapAcctg@esuhsd.org
    A. Invoice must include the following or it will be rejected and sent back to the Vendor:
        i. Purchase Order Number
        ii. Project Site, Name and Number
        iii. Scope of Work and Description, if they are material goods; Quantity and amount delivered must be included
        iv. Person who completed the services (for services invoice only)
        v. Contract billing format and financial contract summary is stated
        vi. Conditional waiver and release of final payment (if applicable)
        vii. Payment Application must include:
            A. Form 300, Completed by the Construction Manager
            B. G702 (Cover) & G703 (Schedule of Values) Forms
            C. All Unconditional & Conditional Waivers for General Contractor & any Sub-Contractors
            D. Any additional forms required for retention payment release

    Sample of types of invoices are included in **Exhibit B and Exhibit C and can be located in //fac.esuhsd.org/FacShare/CapAcctg/DocKnox2/Templates\Invoice Samples**

2. Invoice or Payment Application are loaded in Adobe EchoSign.

    - Responsible Person: Accounting Technician
    - Alternate Person in Responsible Person's Absence: Capital Budget Manager

    A. Go to echosign.adobe.com. Login with your assigned Username and Password.
    B. Depending on the type of invoice/payment application a **Form 003XX – Capital Project Invoice Checklist** or **Form 004** is placed in front of the invoice before loading the document into Adobe EchoSign. Updated forms are located in //fac.esuhsd.org/FacShare/CIP/Program/Forms/1 CapAcctg Forms

        i. Form 003 must be completed with the following information:
            A. Site Name
            B. Project Name
            C. Project Number

D. Purchase Order Number
E. Vendor Name
F. Invoice #
G. Invoice Date
H. Invoice Amount

ii. Payment Application includes **Form 300 – Contractor Pay Application Review Certification** which is already completed by the Construction Manager
   A. Completed G702 has all required signatures form Construction Manager, Architect of Records, Inspector of Records and Contractor.
   B. Capital Accounting completes Form 004 to accompany the payment application before routing.

C. Signature Routing – is determined by the type of invoice or payment application. Form 003 or 300 identifies the routing order. Forms are attached in **Exhibit D**. Capital Accounting Representative must determine the Inspector of Record and the Construction Manager on the project. Directory is located in //fac.esuhsd.org/FacShare/CapAcctg/DocKnox2/Project Directory

3. Invoice Approval – Electronic Signature
   A. Capital Accounting Department signs in the assigned area (Action required).
      i. Signature confirms:
         A. Department Representative has checked invoice/payment application and all required content from the FCMAT audit has been included. Item # 1 A (listed above).
         B. Department Representative has checked QCC and verified the purchase order balance matches invoice financial summary.
         C. Department Representative has checked that all required documents are attached.

   B. DSA Project Inspector – If Applicable
      i. Signature confirms work has been completed or is in progress as of this billing period, deliverables have been received

   C. Construction Manager Approval
      i. Confirms all work is complete or progress billing is in alignment with work performed
      ii. Confirms contract billing form and financial summary is correct.
      iii. DSA project inspector has reviewed and signed off on this invoice.

   D. District Architect Approval
      i. Is in agreement with Construction Manager's recommendation for payment

E. District Senior Project Manager Approval
    i. Is in agreement with Construction Manager's Recommendation for payment

F. Director of Facilities Approval
    i. Signs actual invoice to release funds for payment

4. Payment Application Approval – Electronic Signature (Payment Application are Contractor Progress Billing over $25K, Please refer to Invoice Approval for Contractor Progress Billing under $25K, **Exhibit C**)

    A. Capital Accounting Department signs in the assigned area (Action required).
        i. Signature confirms:
            A. Department Representative has checked invoice/payment application and all required content from the FCMAT audit has been included. Item # 1 A (listed above).
            B. Department Representative has checked QCC and verified the purchase order balance matches invoice financial summary.
            C. Department Representative has checked that all required documents are attached.

    B. Capital Purchasing Department Approval
        i. Confirms that the general contractor has no grievances and comply with Labor Compliance for this pay period.
        ii. All required certified payrolls have been received by the District.

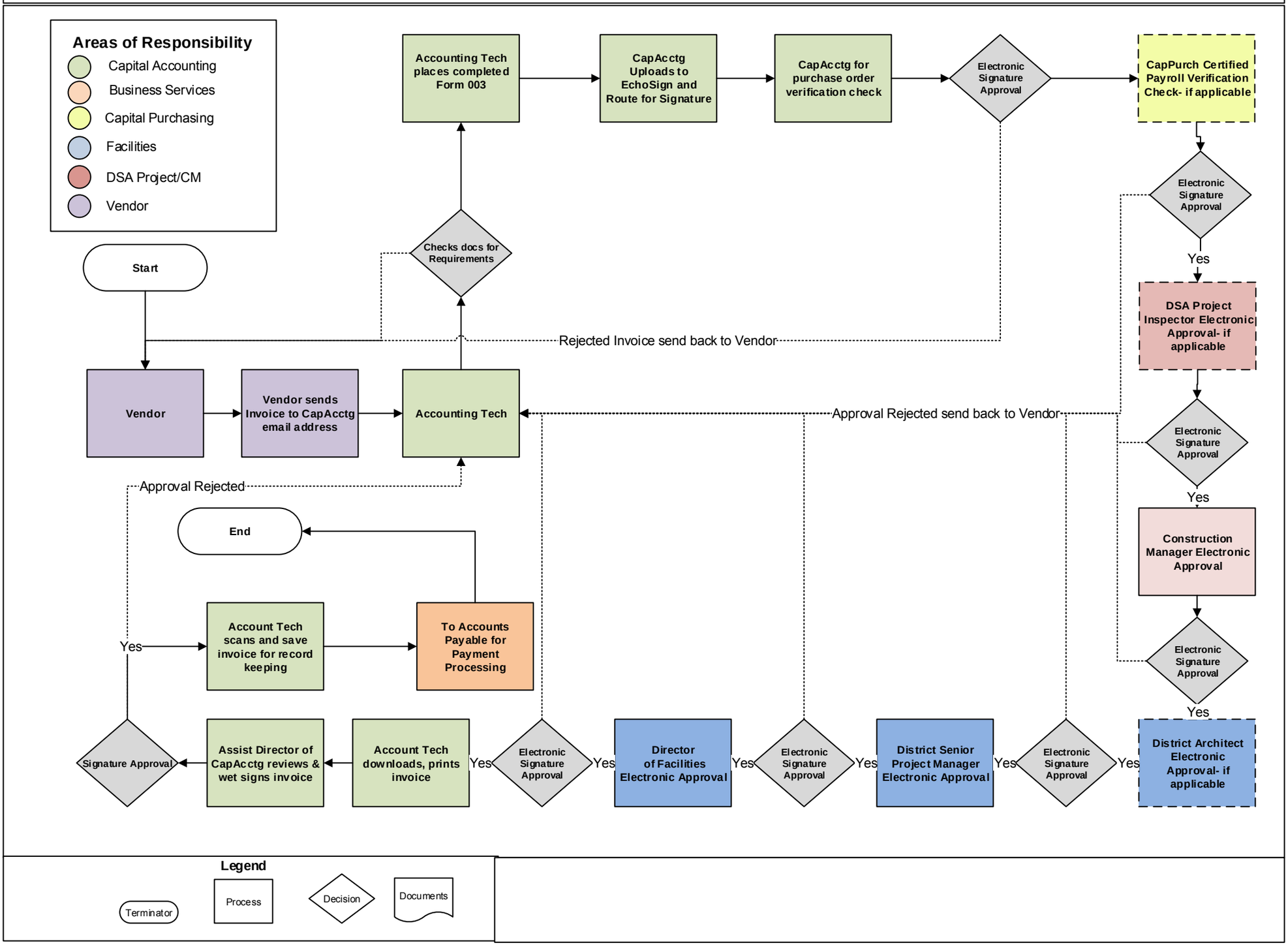
    C. Senior Project Manager
        i. Recommendation to release payment

    D. Director of Facilities
        i. Signs actual payment application for release of payment.

5. Final Payment Process
    A. Current
        i. Invoice/Payment Application are downloaded and printed from Adobe EchoSign
        ii. Final wet signature – Director of Capital Accounting review, approves and signs actual invoice/Payment Application.
        iii. Invoice /Payment Application are scanned and saved in //fac.esuhsd.org/FacShare/CIP/Projects
        iv. Invoice/Payment Application are then given to Accounts Payable for payment process

B. Recommended
   i. Invoice will be downloaded from EchoSign and save in PDF format in//fac.esuhsd.org/FacShare/CIP/Projects
   ii. Invoices will be then sent electronically to Accounts Payable for payment processing. **End of Document**

Capital Electronic Signature
Invoice Approval Process



Capital Electronic Signature
Payment Application Approval Process

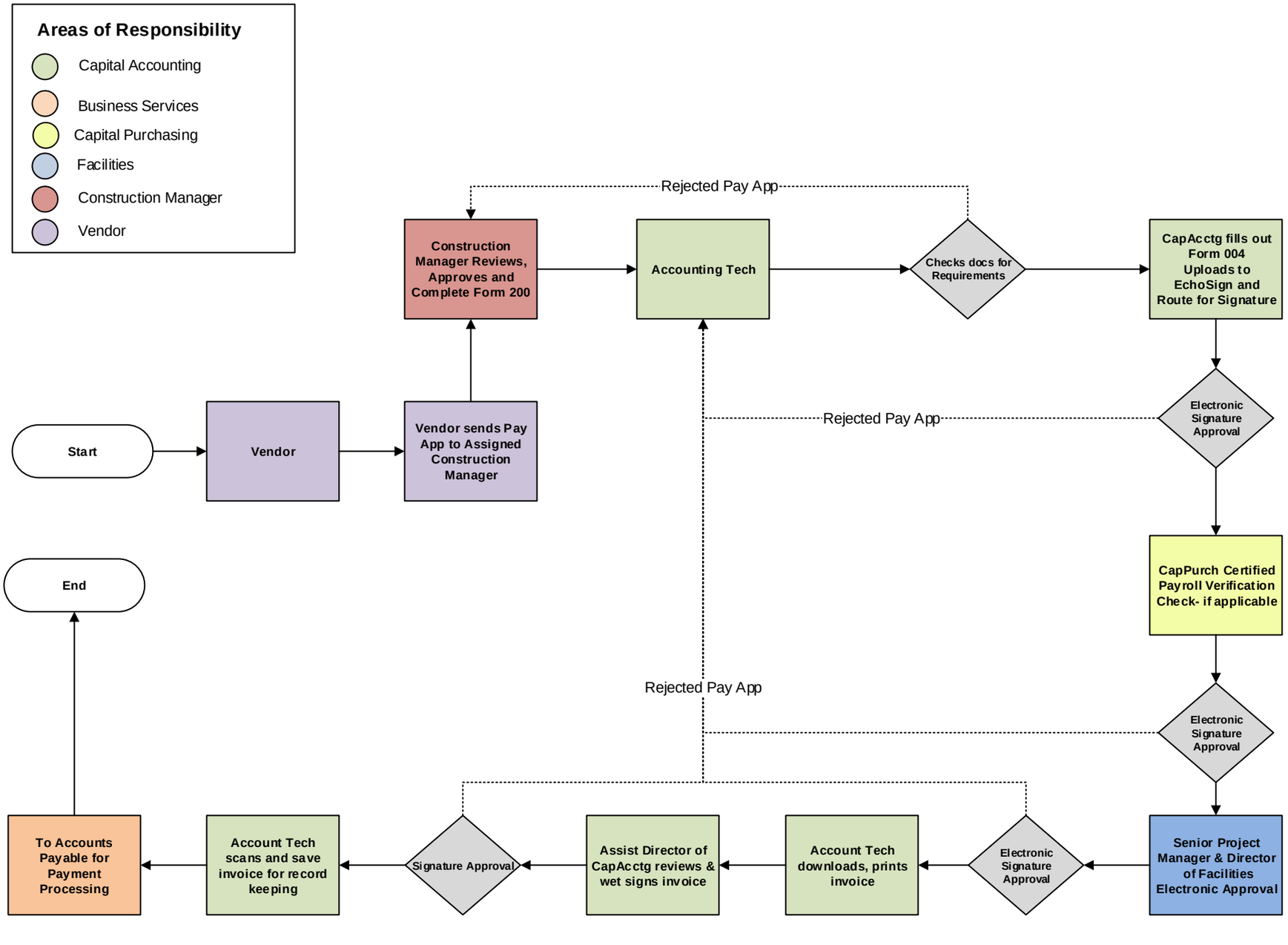


EXHIBIT B

Your Organization

Invoice A/E

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

Your Invoice #
Date: xx/xx/xxxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

For: (JOB DESCRIPTION)

1. Service description
2. PO number
3. Project number
4. Project Name & Description

PHASE	CONTRACT AMOUNT	% OF TOTAL CONTRACT	PREVIOUSLY BILLED	THIS INVOICE	REMAINING	% COMPLETE
Schematic Design		15 %				
Design Development		15 %				
Construction Documents		35 %				
Bidding		3 %				
Construction Administration		22 %				
DSA 6 A/E Submittal		4 %				
100% Closeout		3 %				
DSA Cert Letter		3 %				
Totals:		100%				

FINANCIAL CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT	$XXXXXX
APPROVED CHANGE ORDER AMOUNT	$XXXXXX
INVOICED AMOUNT BILLED TO DATE	$XXXXXX
TOTAL REMAINING BALANCE	$XXXXXX

SAMPLE

Make all checks payable to: **Your Organization**

EXHIBIT B

Your Organization

Invoice A/E

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

Invoice #

Date: xx/xx/xxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT

ATTN: CAPITAL ACCOUNTING DEPARTMENT

SEND TO: CapAcctg@esuhsd.org

830 NORTH CAPITOL AVE.

SAN JOSE, CA 95133

PLEASE NOTE: THIS BACKUP DOCUMENTATION IS REQUIRED FOR BOND AUDITS

NAME OF PERSON WHO PERFORMED SERVICES	DATE	HOURS	RATE	AMOUNT
			TOTAL	

SAMPLE

Special note: Total must match billed amount on page 1. If total does not match, please clarify reason for discrepancy.

EXHIBIT B

Your Organization

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Phone: 555-555-5555
Fax: 555-555-5555

Invoice CM

Your Invoice #
Date: xx/xx/xxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

For: (JOB DESCRIPTION)

1. Service description
2. PO number
3. Project number
4. Project Name & Description

PHASE	CONTRACT AMOUNT	% OF TOTAL CONTRACT	PREVIOUSLY BILLED	THIS INVOICE	REMAINING	% COMPLETE
Pre-Construction						
Construction Phase						
Closeout Phase						
3% DSA Cert Letter Retention		3 %				
Totals:		100%				

FINANCIAL CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT	$XXXXXX
APPROVED CHANGE ORDER AMOUNT	$XXXXXX
INVOICED AMOUNT BILLED TO DATE	$XXXXXX
TOTAL REMAINING BALANCE	$XXXXXX

SAMPLE

Make all checks payable to: **Your Organization**

EXHIBIT B

Your Organization

Invoice CM

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Phone: 555-555-5555
Fax: 555-555-5555

Invoice #
Date: xx/xx/xxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

PLEASE NOTE: THIS BACKUP DOCUMENTATION IS REQUIRED FOR BOND AUDITS

NAME OF PERSON WHO PERFORMED SERVICES	DATE	HOURS	RATE	AMOUNT
			TOTAL	

SAMPLE

Special note: Total must match billed amount on page 1. If total does not match, please clarify reason for discrepancy.

EXHIBIT B

Your Organization

Invoice IOR

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

Invoice #
Date: xx/xx/xxxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

For: (JOB DESCRIPTION)

1. Service description
2. PO number
3. Project number
4. Project Name & Description

DESCRIPTION	DATE	HOURS	RATE	AMOUNT
1. Name of Person who performed services 2. Final Verified Report				
			TOTAL	

SAMPLE

FINANCIAL CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT	$XXXXXX
APPROVED CHANGE ORDER AMOUNT	$XXXXXX
INVOICED AMOUNT BILLED TO DATE	$XXXXXX
TOTAL REMAINING BALANCE	$XXXXXX

Make all checks payable to: **Your Organization**

Thank you for your business!

EXHIBIT B

Your Organization

Invoice

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Phone: 555-555-5555
Fax: 555-555-5555

Invoice #
Date: xx/xx/xxxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

For: (JOB DESCRIPTION)

1. Service description
2. PO number
3. Project number
4. Project Name & Description

DESCRIPTION	DATE	HOURS	RATE	AMOUNT
1. Name of Person who performed services 2. Type of Services 3. Any Reports				
			TOTAL	

SAMPLE

FINANCIAL CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT	$XXXXXX
APPROVED CHANGE ORDER AMOUNT	$XXXXXX
INVOICED AMOUNT BILLED TO DATE	$XXXXXX
TOTAL REMAINING BALANCE	$XXXXXX

Make all checks payable to: **Your Organization**

Thank you for your business!

EXHIBIT B

Your Organization

Invoice GEO/TI

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Phone: 555-555-5555
Fax: 555-555-5555

Invoice #
Date: xx/xx/xxxx

Bill To:

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

For: (JOB DESCRIPTION)

1. Service description
2. PO number
3. Project number
4. Project Name & Description

DESCRIPTION	DATE	HOURS	RATE	AMOUNT
1. Name of Person who performed services 2. Field Services 2. Materials Testing 3. Testing Reports 4. Final Verified Report				
			TOTAL	

SAMPLE

FINANCIAL CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT	$XXXXXX
APPROVED CHANGE ORDER AMOUNT	$XXXXXX
INVOICED AMOUNT BILLED TO DATE	$XXXXXX
TOTAL REMAINING BALANCE	$XXXXXX

Make all checks payable to: **Your Organization**

Thank you for your business!

EXHIBIT C

APPLICATION AND CERTIFICATION FOR PAYMENT

TO OWNER: East side Union High School District
830 North Capitol Avenue
San Jose CA 95133

APPLICATION NO:
APPLICATION DATE:
PO#
CONTRACT DATE:
PERIOD TO:
DSA #

FROM CONTRACTOR:

PROJECT NAME:
PROJECT No:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM		
2. Net change by Change Orders		$0.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$0.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$0.00
5. RETAINAGE:		
a. 5 % of Completed Work (Column D + E on G703)	$0.00	
b. 5 % of Stored Material (Column F on G703)	$0.00	
Total Retainage (Lines 5a + 5b)		$0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 27 Total)		$0.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 4 Less Total Retainage)		
8. CURRENT PAYMENT DUE		$0.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous Months by Owner		
Total approved this Month		
TOTALS	$0.00	$0.00
NET CHANGES by Change Order	$0.00	

CONTRACTOR

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

By: Date:

Print Name:

Title:

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED . . . . . $

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and onthe Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: Date:

Print Name:

Title:

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONSTRUCTION MANAGER

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Construction Manager certifies to the Owner that to the best of the Construction Manager's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

By: Date:

Print Name:

Title:

PROJECT INSPECTOR

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Project Inspector certifies to the Owner that to the best of the Project Inspector's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

By: Date:

Print Name:

Title:

EXHIBIT C

SCHEDULE OF VALUES CONTINUATION SHEET

SAMPLE

Contractor's signed certification is attached.
In tabulations below, amounts are stated to the nearest dollar.

APPLICATION NO:
APPLICATION DATE: XX/XX/XXXX
PERIOD TO: XX/XX/XXXX
PROJECT NAME:
PROJECT No:

A	B	C	D	E	F	G	H	I	J
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D + E)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE 0.05
	General Condition	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Overhead & Profit	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Supervision	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Bonds and Insurance (= < 2%)	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Mobilization (= < 1%)	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Layout	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Submittals (= < 3%)	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Division 1 thru 33 (**BREAK OUT & ADD LINES** as applies)	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Labor	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Materials	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Testing	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Training	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Demobilization	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Punch List	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Close-Out/Certification Documentation (= > 5%)	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	Change Order # 1 (If applicable)	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00
	GRAND TOTALS	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**#DIV/0!**	**$0.00**	**$0.00**

COLOR LEGEND:
Blue: required but % is at the discretion of CM
Red: required at % noted, NO EXCEPTIONS
Black: if item pertains to your scope

East Side Union High School District 003

Capital Project Invoice Check List

Site Name:	
Project Name:	
Project #:	**Purchase Order #:**
Vendor Name:	
Invoice #:	**Invoice Date:**
Invoice Amount: $	

1. Capital Accounting Department - Action Required

Budget & Sufficient Fund Review

---

2. Construction Manager - Action Required

a. Confirm Invoice is complete **(This Invoice should include: service dates, hours worked, location, tasks, staff/sub consultants).**

b. Confirm contract billing format and financial summary is correct

Construction Manager Approval

Construction Manager confirms all work is complete or progress billing is in alignment with work performed.

---

3. Facilities Planning & Construction, Maintenance & Operations Department - Action Required

Facilities Manager Approval

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

Facilities Director Approval

Facilities Director signs actual invoice - external auditor requirement - to release funds for payment.

East Side Union High School District 003 GC

Capital Project Invoice Check List (GC Contracts < $25,000)

Site Name:	
Project Name:	
Project #:	**Purchase Order #:**
Vendor Name:	
Invoice #:	**Invoice Date:**
Invoice Amount: $	

1. Capital Accounting Department - Action Required

Budget & Sufficient Fund Review

a. Confirm invoice is complete **(This Invoice should include: service dates, hours worked, location, tasks, staff/sub consultants).**

b. Confirm contract billing format and financial summary is correct.

c. Confirm conditional/unconditional waivers are complete.

---

2. Capital Purchasing - Action Required

a. The General Contractor has no grievances and complies with Labor Compliance for this pay period.

b. All required Certified Payrolls have been received by the District.

---

3. Construction Manager - Action Required

Construction Manager Approval

Construction Manager confirms all work is complete or progress billing is in alignment with work performed.

---

4. Facilities Planning & Construction, Maintenance & Operations Department - Action Required

Facilities Manager Approval

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

Facilities Director Approval

Facilities Director signs actual invoice - external auditor requirement - to release funds for payment.

EXHIBIT D

East Side Union High School District 003 A/E

Capital Project Invoice Check List

Site Name:	
Project Name:	
Project #:	**Purchase Order #:**
Vendor Name:	
Invoice #:	**Invoice Date:**
Invoice Amount: $	

1. Capital Accounting Department - Action Required

Budget & Sufficient Fund Review

---

2. Construction Manager - Action Required

a. Confirm Invoice is complete **(This Invoice should include: service dates, hours worked, location, tasks, staff/sub consultants).**

b. Confirm contract billing format and financial summary is correct

c. Confirm DSA Project Inspector sign off

Construction Manager Approval

Construction Manager confirms (1) all work is complete or progress billing is in alignment with work performed and (2) DSA Project Inspector has reviewed and signed off on this invoice (if applicable).

---

3. Facilities Planning & Construction, Maintenance & Operations Department - Action Required

District Architect Approval

District Architect is in agreement with Construction Manager's recommendation for payment.

Facilities Manager Approval

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

Facilities Director Approval

Facilities Director signs actual invoice - external auditor requirement - to release funds for payment.

EXHIBIT D

East Side Union High School District

003 CM

Capital Project Invoice Check List

Site Name:	
Project Name:	
Project #:	**Purchase Order #:**
Vendor Name:	
Invoice #:	**Invoice Date:**
Invoice Amount: $	

1. Capital Accounting Department - Action Required

Budget & Sufficient Fund Review

---

3. Facilities Planning & Construction, Maintenance & Operations Department - Action Required

Facilities Manager Approval

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

Facilities Director Approval

Facilities Director signs actual invoice - external auditor requirement - to release funds for payment.

East Side Union High School District 003 GEO/TI

Capital Project Invoice Check List

Site Name:	
Project Name:	
Project #:	**Purchase Order #:**
Vendor Name:	
Invoice #:	**Invoice Date:**
Invoice Amount: $	

1. Capital Accounting Department - Action Required

Budget & Sufficient Fund Review

---

2. Construction Manager - Action Required

a. Confirm Invoice is complete **(This Invoice should include: service dates, hours worked, location, tasks, staff/sub consultants).**
b. Confirm contract billing format and financial summary is correct
c. Confirm DSA Project Inspector sign off

Project Inspector Approval

Project Inspector shall review Geo-Tech & Testing Lab Invoices Only (Project Inspector confirms work has been completed or is in progress as of this billing period, deliverables have been received).

Construction Manager Approval

Construction Manager confirms (1) all work is complete or progress billing is in alignment with work performed and (2) DSA Project Inspector has reviewed and signed off on this invoice (if applicable).

---

3. Facilities Planning & Construction, Maintenance & Operations Department - Action Required

Facilities Manager Approval

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

Facilities Director Approval

Facilities Director signs actual invoice - external auditor requirement - to release funds for payment.

EXHIBIT D

East Side Union High School District

003 FFE

Capital Project Furniture, Fixtures & Equipment Invoice Check List

Site Name:	
Project Name:	
Project #:	**Purchase Order #:**
Vendor Name:	
Invoice #:	**Invoice Date:**
Invoice Amount: $	

1. Capital Accounting Department - Action Required

Budget & Sufficient Fund Review

---

2. Construction Manager - Action Required

a. Confirm Invoice is complete.
b. Confirm amount billed is in alignment with the purchase order. (Check quantity and price)
c. Confirm all items have been received.

Construction Manager Approval

---

3. Facilities Planning & Construction, Maintenance & Operations Department - Action Required

District Architect Approval

District Architect is in agreement with Construction Manager's recommendation for payment.

Facilities Manager Approval

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

Facilities Director Approval

Facilities Director signs actual invoice - external auditor requirement - to release funds for payment.

East Side Union High School District

003 IT-E

Technology Equipment Invoice Check List

Site Name:	
Project Name:	
Project #:	**Purchase Order #:**
Vendor Name:	
Invoice #:	**Invoice Date:**
Invoice Amount: $	

1. Capital Accounting Department - Action Required

a. Budget & Sufficient Fund Review
b. Confirm contract billing format and financial summary is correct

2. Information Technology Department - Action Required

a. Verify invoice belongs to Information Technology Department
b. Confirm invoice is complete

3. Information Technology Department - Action Required

Information Technology Manager or Director Approval

IT Manager or Director confirms all items have been received and signs actual invoice.

EXHIBIT D

East Side Union High School District 300

Contractor Pay Application Review Certification

School Name:	**Request Date:**
Project Name:	**Project #:**
CM Name:	**PO #:**
Architect Name:	**DSA App #:**
Contractor Name:	**Pay App #:**

1. Construction Manager

I hereby certify I have reviewed all of the attached documents and I have verified the accuracy and completeness of all required documents.

All Boxes Must Be Checked: **See Note 1.** **Check if not applicable: N/A**

	☐		Schedule of Values attached with this pay application has been approved.		☐		
	☐		Pay Application is certified by the contractor. (Notarized if required)		☐		
	☐		All the mathematical calculations are correct.		☐		
	☐		Architect of Record and Project Inspector have signed the Pay Application.		☐		
	☐		All the required Conditional & Unconditional Waivers have been received and are attached.		☐		
	☐		Only approved change orders are included in this pay application.		☐		
	☐		Contractor has revised the project schedule per contract and it has been accepted by CM.		☐		
	☐		Contractor has modified and updated the project As-Builts and it has been accepted by Project Inspector.		☐		
	☐		Confirm there are no Stop Payment Notices against this contractor		☐		
	☐		Escrow invoice is attached (If it is applicable)		☐		

Note 1: Please see ESUHSD Front/End General Conditions 00-72-00 Section: 19.2.1.1.2.11. & .12. & .13. CM is responsible to obtain conditional and unconditional waivers from General Contractor and each subcontractor of ANY tier and supplier to be paid from current and previous progress payment.

Signature: _____ **Date:** _____

Subcontractors

_____ _____

_____ _____

_____ _____

2. Capital Accounting Department

	☐		Courtesy check of supporting documents submitted.
	☐		Financial & Budget check in QCC

3. Capital Purchasing Department

I have reviewed this Pay Application and verified:

	☐		The General Contractor has no Grievances and comply with Labor Compliance for this pay period.
	☐		All required Certified Payrolls have been received by the District.

4. Facilities Planning & Construction, Maintenance & Operations

	☐		Release of Payment

EXHIBIT D

East Side Union High School District 004

Facilities Pay Application Request

School Name:	**Request Date:**
Project Name:	**Purchase Order #:**
Check Payable to:	**LCP Date:**
Address:	**Pay Application #:**

Attach original pay application. Make note of any Stop Notices on file.

ACCOUNT TO BE CHARGED

PO Line #	FD	STE	PRG	GOAL	FUNC	OBJT	RESC	Y	MGR	AMOUNT

TOTAL **$** _____

FOR SAME PO ESCROW ACCOUNT USE ONLY

Check Payable to:
Address:
Bank Escrow Account #:
Vendor Address:

Attach original pay application. Make note of any Stop Notices on file.

ACCOUNT TO BE CHARGED

PO Line #	FD	STE	PRG	GOAL	FUNC	OBJT	RESC	Y	MGR	AMOUNT

TOTAL **$** _____

Signature: _____ **Date:** _____

Assistant Director of Capital Accounting