ATTACHMENT A, PAGE 1

INVOICE SUMMARY

PROFESSIONAL SERVICES DIVISION

FOR INTERNAL USE ONLY		
RECEIVED STAMP		**PS APPROVAL**

TO: Professional Services Division
Tennessee Department Of Transportation
James K. Polk Building, Suite 500
505 Deaderick Street
Nashville, TN 37243-0334
tdot.psinvoices@tn.gov

Remit: Company XXX
ABC Street
Suite 101
Nashville, TN 37243

BILLING CONTACT: John Smith
PHONE: 615-123-4567 **Email:** John.Smith@xxx.com

CONTRACT MANAGER: Tom Jones
DIVISION: Eng Div - Structural Design
AGREEMENT #: E2345
WORK ORDER #: 1
Final Invoice: No: x Yes:

CONSULTANT PROJECT/JOB NO.(optional):
INVOICE DATE: 10/01/2025
INVOICE #: CE234501
INVOICE PERIOD: 09/01/25 to 09/30/25
PROGRESS BILLING #: 2

Pay Terms:
DBE? Y/N: No

For professional services relative to: **Projects ending in -04 are State Funded*

Ref. No.	State Project # (99999-9999-99)	Const. Contract	Funding Source	If available, PIN, Fed. Proj. #	Location Description	County/s
1	XXXXX-S1-11		State	123456.01	State Route 1	Davidson
2						
3						
4						
5						

	Expense Category	Ref. No. / Project:	1 XXXXX-S1-11	2	3	4	5	Totals
I.	Work Order Ceiling		**$1,000,000.00**	$ -	$ -	$ -	$ -	
a.	% complete to date		25%	0%	0%	0%	0%	
b.	Current billable amount		$ 5,000.00	$ -	$ -	$ -	$ -	$ 5,000.00
II.	Less previously invoiced		$ 2,500.00					$ 2,500.00
b.	Total Due This Invoice		**$ 2,500.00**	**$ -**	**$ -**	**$ -**	**$ -**	$ 2,500.00
	I = I. + II. + III. + IV. + V.=		**$ 2,500.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 2,500.00**

TOTAL AMOUNT DUE THIS INVOICE **$ 2,500.00**

I, the undersigned, do hereby certify that the above invoice is true and correct to the best of my knowledge and that payment has not been received or costs previously invoiced.

By: (Principal's Signature or e-Signature) Date: 10/23/2025

(Principal's typed name and title)

INVOICE SUMMARY

PROFESSIONAL SERVICES DIVISION

FOR INTERNAL USE ONLY		
RECEIVED DATE		**PS APPROVAL**

TO: Professional Services Division
Tennessee Department Of Transportation
James K. Polk Building, Suite 500
505 Deaderick Street
Nashville, TN 37243-0334

tdot.psinvoices@tn.gov

Remit: Company XXX
ABC Street
Suite 101
Nashville, TN 37243

BILLING CONTACT: John Smith

PHONE: 615-123-4567 **Email:** John.Smith@xxx.com

CONTRACT MANAGER: Tom Jones
DIVISION: Construction
AGREEMENT #: E1234
WORK ORDER #: 1

CONSULTANT PROJECT/JOB NO.(optional):

INVOICE DATE: 10/23/2025
INVOICE #: CE123401
INVOICE PERIOD: 09/01/25 to 09/30/25
PROGRESS BILLING #: 1

Pay Terms: 0
DBE? Y/N No

Final Invoice:	No	Yes
	☑	☐

For professional services relative to:

Ref. No.	State Project # (99999-9999-99)	Const. Contract	Funding Source	If available, PIN, Fed. Proj. #	Location Description	County/s
1	XXXXX-S1-11		State	123456.01	State Route 1	Davidson
2	XXXXX-F1-11		Federal	123456.01	State Route 1	Davidson
3						
4						
5						

	Expense Category			Ref. No. / Project: 1 XXXXX-S1-11	2 XXXXX-F1-11	3	4	5	Totals
I.	Direct Labor (DL) Total			**$ 1,125.00**	**$ 150.00**	$ -	$ -	$ -	**$ 1,275.00**
a.	Home:	Per Schedule No.	1A	$ 500.00	$ 150.00	$ -	$ -	$ -	**$ 650.00**
b.	Field:	Per Schedule No.	1B	$ 625.00	$ -	$ -	$ -	$ -	$ 625.00
II.	Overhead Total	Federal	State	**$ 1,493.75**	**$ 235.50**	$ -	$ -	$ -	**$ 1,729.25**
a.	Home (I.a. x OH rate)	157.00%	145.00%	$ 725.00	$ 235.50	$ -	$ -	$ -	$ 960.50
b.	Field (I.b. x OH rate)	123.00%	123.00%	$ 768.75	$ -	$ -	$ -	$ -	$ 768.75
III.	Net Fee (DL + OH x	10.0%	) or *	$ 261.88	$ -	$ -	$ -	$ -	$ 261.88
			Taking Final Net Fee						$ -
	* fee balance if less than calculated		Not to Exceed Fee Previously Billed	$ 125,000.00					
IV.	Direct Costs	Per Schedule No.		$ 105.00	$ 225.00	$ -	$ -	$ -	$ 330.00
V.	Premium Labor	Per Schedule/s No.		$ 150.00	$ -	$ -	$ -	$ -	$ 150.00
VI.	Subs Costs	Per Schedule No.		$ -	$ -	$ -	$ -	$ -	$ -
VII.	(Extra Category)	Per Schedule No.							$ -
				$ 3,135.63	**$ 610.50**	$ -	$ -	$ -	**$ 3,746.13**

TOTAL AMOUNT DUE THIS INVOICE **$ 3,746.13**

% Invoiced to Date: 0.00% : 0.00%						Totals
Contract or Project Ceiling/s:	$ 250,000.00					$ 250,000.00
Total Invoiced thru 9/30/2025:						$ -
Less Amount Previously Invoiced:	$ 3,135.63	$ 610.50	$ -	$ -	$ -	$ 3,746.13

TOTAL AMOUNT DUE THIS INVOICE **$ 3,746.13**

I, the undersigned, do hereby certify that the above invoice is true and correct to the best of my knowledge and that payment has not been received or costs previously invoiced.

By: (Principal's Signature or e-Signature) Date: 10/23/2025

(Principal's typed name and title)

Template Created 04/14/25

See Template Revisions Tab for Changes

ATTACHMENT A, PAGE 3

Direct Labor Summary (Home)
Schedule No. 1A

	Total Hours	Amount	Premium Hours	Premium Amount
Direct Labor (Home) Totals:	15.00	$ 650.00	1.00	$ 25.00

AGREEMENT #: E1234
WORK ORDER #: 1
PROGRESS BILLING #: 1

CONSULTANT PROJECT NO.: 0
INVOICE #: CE123401
INVOICE PERIOD: 09/01/25 to 09/30/25

(a)	(b)	(c)	(d)	(e)	(f=d*e)	(g)	(h)	(i=g*h)
Ref. No.	**Employee Name**	**Title**	**Rate**	**Total Hours**	**Amount**	**Premium Rate**	**Premium Hours**	**Premium Amount**
1	George Smith	Project Manager	$ 50.00	10.00	500.00	$ 25.00	1.00	25.00
2	Mary Lewis	Lead	$ 30.00	5.00	150.00			

ATTACHMENT A, PAGE 4

Direct Labor Log (Home)

To support Schedule No. 1A

	Total Hours		Amount		Premium Hours		Premium Amount
Direct Labor (Home) Totals:	15.00	$	650.00		1.00	$	25.00

AGREEMENT #: E1234
WORK ORDER #: 1
CONSULTANT PROJECT NO.: 0
INVOICE #: CE123401
INVOICE PERIOD: 09/01/2025 to 09/30/25
PROGRESS BILLING #: 1

(a)	(b)	(c)	(d)	(e)	(f)	(g=e*f)	(h)	(i)	(j=h*i)
Date	**Ref. No.**	**Employee Name**	**Title**	**Rate**	**Total Hours**	**Amount**	**Premium Rate**	**Premium Hours**	**Premium Amount**
09/01/2025	1	George Smith	Project Manager	$50.00	10.00	$ 500.00	$ 25.00	1	$ 25.00
09/02/2025	2	Mary Lewis	Lead	$30.00	5.00	$ 150.00			

ATTACHMENT A, PAGE 5

Direct Labor Log (Field)

To support Schedule No. 1B

	Total Hours	Amount	Premium Hours	Premium Amount
Direct Labor (Field) Totals:	25.00	$ 625.00	10.00	$ 125.00

AGREEMENT #: E1234
WORK ORDER #: 1
CONSULTANT PROJECT NO.: 0
INVOICE #: CE123401
INVOICE PERIOD: 09/01/25 to 09/30/25
PROGRESS BILLING #: 1

(a)	(b)	(c)	(d)	(e)	(f)	(g=e*f)	(h)	(i)	(j=h*i)
Date	**Ref. No.**	**Employee Name**	**Title**	**Rate**	**Total Hours**	**Amount**	**Premium Rate**	**Premium Hours**	**Premium Amount**
09/01/2025	1	Charles White	Inspector	$25.00	25.00	$ 625.00	$ 12.50	10.00	$ 125.00

ATTACHMENT A. PAGE 6

Schedule II - Summary of Direct Cost										
Employee Name	Date / Date Range		Expense	Mileage/# of days	Rate	Quantity	Cost	Ref. No.	Receipt Page Number	Notes (include origin/destination)
	Beginning Date	Ending Date								
Charles White	09/01/2025	09/01/2025	Mileage	150	$0.70	1	$105.00	1		Nashville Office to Jobsite White House TN
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
					Sub Total	$105.00				
Mary Lewis	09/02/2025	09/03/2025	Lodging Total	1	$225.00	1	$225.00	2	5	
	09/02/2025	09/02/2025	Meals 75% per diem	1	$64.50	1	$64.50			
	09/03/2025	09/03/2025	Meals 75% per diem	1	$64.50	1	$64.50			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
					Sub Total	$354.00				
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
					Sub Total	$0.00				
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
							$0.00			
					Sub Total	$0.00				
					Total	$459.00				

** Add lines as needed

ATTACHMENT B

STATE OF TENNESSEE

DEPARTMENT OF TRANSPORTATION

505 Deaderick Street
Suite 1300 James K. Polk Building
NASHVILLE TN 37243-0348

(DATE) _____

M_. _____
CONSULTANT: _____
ADDRESS: _____
_____

SUBJECT: COMPLETION NOTICE
Agreement No. _____ Work Order #_____ (if applicable)
Project No: _____ PIN _____
Description: _____
_____
County: _____

Dear M_. _____:

This letter is to advise you that your firm has satisfactorily performed the work outlined under the subject contract or work order. You should submit your final invoice for this contract/work order as soon as possible.

If a retainage has been held for this contract, and a retainage invoice is not received within 90 days of this notification, this office requests that the Division of Finance release all retainage on this contract or work order.

(If applicable) Current records show $_____is being held in retainage (if applicable).

If you have any questions, please contact this office.

Sincerely,

_____
Project Manager

__/__
cc: Program Development & Administration Division
Finance Division
Design Division Manager
Design Division Contract Section

Revised 2/16/2007 SB

Policy 301-01 (revised 3 May 2024)

ATTACHMENT C

POLICY FOR STANDARD PROCUREMENT OF ENGINEERING AND TECHNICAL SERVICES

Vehicle Reimbursement Schedule

For all projects, except Construction Engineering and Inspection (CEI), the consultant shall be reimbursed at the rate specified in the State of Tennessee Comprehensive Travel Regulations in effect at the time the cost was incurred.

For CEI projects, the consultant shall be reimbursed at the rate of $40.00 per day for small and midsize pick-up trucks (e.g., Chevy Colorado, Ford Maverick, Nissan Frontier) and sport utility vehicles (SUV) (e.g., Chevy Blazer, Ford Bronco, Nissan Murano) and sedans when used on a TDOT project. For full sized pick-up trucks (e.g., Chevy Silverado, Ford F150, Dodge Ram, Nissan Titan) and SUVs (e.g., Chevy Traverse, Ford Explorer, Nissan Pathfinder) the consultant shall be reimbursed at the rate of $45.00 per day when used on the project.

Vehicles used for CEI services shall be retrofitted to include vehicle reflective conspicuity and warning lights.

Vehicle Reflective Conspicuity shall include at a minimum the placement of fluorescent yellow-green reflective sheeting printed with black ink to create a chevron pattern on the rear tailgate, rear door, or trunk/bumper. Either a single 12” strip, or 2-6” strips can be used.

Warning Lights shall include, as a minimum, a 16-inch or longer, roof mounted amber and white lightbar, four (4) rear facing amber and white alternating LED lights, and two (2) front facing amber LED lights.

RATIONALE:

To establish the new vehicle rates, TDOT reviewed the ownership costs of several mid-size and full-size pickup trucks for a 5-year period using the Edmunds Inc., True Cost to Own (TCO)®, Cost of Car Ownership calculator. The costs included the total cost of the vehicle, insurance, maintenance, repairs, fuel, taxes/fees, and depreciation. The Department also considered the annual costs utilizing the established state travel regulation rates and average miles traveled. The CEI fleet is assumed to be a mixture of newer and slightly older vehicles, with various equipment packages and features.

The one-time costs to retrofit the vehicles with the reflective sheeting and safety lights was also considered in the new daily rates.

Assuming a standard 4-week month, 5 workday week, the new monthly reimbursement is now approximately $800 and $900 for small/midsize vehicles and large vehicles respectively.

Tennessee Department of Transportation

Fixed Fee Worksheet

(8% base plus)

Project Description:

Route: _____

Termini: _____

County: _____

Consultant: _____

Other: _____

Size of Contract	The smaller the phase(s) of work negotiated in a project specific type contract or the smaller the work order negotiated in an on-call type contract, the higher the additional fixed fee percentage.

% Additional Fee		Qualifier
☐	0.00	More than $2,000,000
☐	0.50	Less than $2,000,000
☑	1.00	Less than $500,000
☐	2.00	Less than $50,000

1.00

Complexity	The higher the complexity, the higher the additional fixed fee percentage.

% Additional Fee		Qualifier
☐	0.00	Resurfacing, No Plans Contracts, CEI On-Call Work Orders
☐	0.50	Rural widening project, Freeway widening, New alignment, NEPA, Natural Stream Design, Tech. Studies, CEI Project Specific Contracts, TPR, Bridge Approach Project, Signal Project, Intersection Widening, Standard Geotechnical Investigations and Designs, Railroad Projects
☑	1.00	Interchange, Urban widening, ITS, Bridge Design, Retaining wall design or evaluations involving soldier piles or soldier piles with anchor walls, seismic evaluations, and rockfall/landslide designs

1.00

Contract Duration	The longer the duration for the phase(s) negotiated in a project specific type contract or for the work order duration in an on-call type contract, the higher the additional fixed fee percentage.

% Additional Fee		Qualifier
☐	0.00	less than two years
☑	0.50	from two to four years
☐	1.00	four years or more

0.50

Subcontracting	The less work subcontracted, the higher the additional fixed fee percentage

% Additional Fee		Qualifier
☐	0.00	More than 40% of job
☐	0.50	Less than 40% of job
☑	1.00	Less than 20% of job

1.00

Overhead	The lower the overhead the higher the additional fixed fee percentage

% Additional Fee		Qualifier	
☐	0.00	Office Overhead > 200% or	Field (CEI) Overhead > 150%
☐	0.50	Office Overhead > 180% and ≤ 200% or	Field (CEI) Overhead > 130% and ≤ 150%
☐	1.00	Office Overhead > 160% and ≤ 180% or	Field (CEI) Overhead > 120% and ≤ 130%
☑	2.00	Office Overhead > 140% and ≤ 160% or	Field (CEI) Overhead > 110% and ≤ 120%
☐	3.00	Office Overhead > 120% and ≤140% or	Field (CEI) Overhead > 90% and ≤ 110%
☐	4.00	Office Overhead ≤ 120% or	Field (CEI) Overhead ≤ 90%

2.00

Total Fixed Fee = 13.50%

Completed By	Firm	Date