

Environmental Programs Division

INVOICE CHECKLIST

The following guidelines must be observed in invoice submittal:

General Terms

- ☐ 1. Work performed by both prime consultants and sub-contractors must be within contract terms and guidelines.
- ☐ 2. Scope of work and technical specifications are in accordance with approved contract/task order.
- ☐ 3. Invoice charges are within the time parameters of the contract/task order.
- ☐ 4. Billing charges are reasonable (work hours, number of staff, job title, quantity of materials, etc. are within proposed fees/cost.)
- ☐ 4. Deliverables (reports, study, equipment, repairs, etc.) were delivered on the agreed upon deadline and approved by LAWA Project Manager.

Invoice Contents (See Invoice Template Sample)

- ☐ 5. Invoice cover sheet must have the following:
 - Invoice Date
 - Invoice No.
 - Purchase Order No.
 - Your Reference No. (Optional)
 - Contract/Service Agreement/Task Order No.
 - Billing Period
 - Perjury Clause - Signed and Certified by a Duly Authorized Officer
 - Summary of Billing Charges
 - ◆ Total Not-to-Exceed Contract/Task Order Amount
 - ◆ Previous Billing
 - ◆ Current Charges
 - ◆ Total Billed-to-Date
 - ◆ Remaining Balance
 - ◆ Overall Percentage (%) of Work Completed
 - ◆ Overall SBE Total in Dollars (\$) & Percentage (%)
- ☐ 6. Succeeding invoice pages should include the following:
 - Page 2 - Billing Summary per Firm
 - ◆ List of total billing summary for EACH firm with the following information:
 - a) Previous Billing per Firm
 - b) Current Charges per Firm
 - c) Total Billed-to-Date per Firm
 - d) SBE Total (\$) & Percentage (%) per Firm
 - Page 3 – Billing Summary per Task and per Airport Location
 - ◆ List of task summary billing per airport location with the following information:
 - a) Task no. with the corresponding task description
 - b) Allocated amount per task and per airport location
 - c) Previous billing and % of work completed per task
 - d) Current charges and % of current work completed per task
 - e) Billed-to-date and % of work completed per task
 - f) Must at least show total billed-to-date and current charges for each airport location
 - Page 4 and Succeeding Pages – Detail Breakdown of Charges and Supporting Documentation (Docs)
 - ◆ Provide a detail breakdown of charges and build-up to substantiate the total amount of current billing.

- ♦ Provide supporting docs as deemed necessary – reimbursable receipts, approval forms, logs, etc.
- ☐ 7. Timesheet (See Attached Timesheet Detail Activity Log Sample)
- Must include the following items for EACH firm involved with the project:
 - ♦ Team Member Name
 - ♦ Identify Firm Name the Team Member is Employed or Affiliated With
 - ♦ Job Title/Position
 - ♦ Hourly Rates
 - ♦ Task No. Worked On
 - ♦ Dates Worked
 - ♦ Breakdown of Hours Worked for Each Day
 - ♦ Total Hours Worked for the Billing Period for Each Team Member
 - ♦ Brief Description of Work Activities Performed for Each Day of Work
 - Verify period of timesheets versus time charged on invoice (i.e. timesheets are within billing period).
 - Ensure timesheets are approved by authorized signatory or signed electronically.
- ☐ 8. Reimbursables (Other Direct Costs – ODC)
- Mileage
 - ♦ Mileage statement is signed, dated and complete
 - ♦ Verify mileage rate and calculation
 - ♦ MapQuest print-out attached
 - Travel – subject to the City of Los Angeles and LAWA travel policies and guidelines
 - ♦ Signed Travel Authorization Form attached
 - ♦ Airline ticket/itinerary/flight info and boarding pass attached
 - ♦ Lodging is within *current* per diem rate*.
 - ♦ Meals and Incidentals Expenses (M&IE) are within *current* per diem rate*.
 - ♦ Other related travel expenses are clearly defined and itemized (i.e. car rental, taxi, gas,, etc.)
 - ♦ Travel related receipts attached.

* Per Diem Rate – check website for current rate:
<https://www.gsa.gov/travel/plan-book/per-diem-rates>
 - Other
 - ♦ Receipts attached
 - ♦ Indicate type of reimbursement
 - ♦ Indicate total reimbursement

Invoice Review

- ☐ 9. Verify invoice for accuracy.
- Verify labor charges. Ensure hourly rates and job titles in invoice match and consistent with the hourly rates and job titles listed in the approved rate sheets (Exhibit B).
 - Check calculation/footing. Verify totals and billing summary.
 - Verify other supporting documents related to the charges on invoice.
 - Verify sub-contractor's invoice and back-ups.
 - Verify that insurance is current and not expired.

- ☐ 10. Original invoice must be mailed to LAWA Mailing Address:

Los Angeles World Airports
 Environmental Programs Division
 7301 World Way West, 7th Floor
 Los Angeles, CA 90045 Attention:
 Invoice Processing

Email electronic copy to:
EPGInvoice@lawa.org

Environmental Programs Division

INVOICE GUIDELINES

Page 1 – Invoice Summary

- Invoice Date
- Invoice No.
- Purchase Order No.
- Billing Period
- LAWA Task Order No.
- Project Title/Description
- Invoice Summary
 - Part I
 - Total NTE (Not-to-Exceed) Amount
 - Previous Billing
 - This Invoice Total
 - Labor Charges
 - Reimbursable Expenses (or Other Direct Costs)
 - Total Invoice-to-Date
 - Remaining Balance
 - Percent Work Completed
 - Part II (If applicable)
 - Subconsultant(s) Breakdown of Charges & SBE %
(Indicate if SBE, OBE, etc.)
 - Sub A
 - Sub B
 - Sub C
 - Etc.
 - Total Subconsultant(s) Billed-to-Date
- Invoice Certification Statement and Signature

Page 2 – Status Report Summary

- Status Report
 - Detail list of work/tasks/activities that had been done for the billing period
 - Accomplishments/Deliverables
 - Additional Comments

Page 3 and Succeeding Pages – Rates Breakdown

- Labor Charges
 - Detail breakdown of labor charges
 - Employee
 - Labor Category/Position/ Title
 - Task No. (or Description) Worked on
 - Date(s) Worked
 - Total Hours Worked (per Employee or Task)
 - Total Labor Charges (per Employee or Task)
 - Detail breakdown of subconsultant(s) labor charges
 - -Same as above-
 - Provide copy of invoice per Sub
 - Total Summary Charges per Sub
 - Detail breakdown of reimbursable items
 - Materials/parts/equipment/etc. – attach receipts
 - Travel – attach signed Travel Authority Form (or email approval), airline ticket, boarding pass
 - Mileage – attach mileage statement form along with mapquest print-out
 - Hotel & Meals – charges must not go over per diem rate, provide hotel receipt.
 - Printing - how many total copies, B&W or colored, and cost per copy
 - All others – attach copy of receipts

Title of Task Order here

PROJECT TIMESHEET & SUMMARY

Billing Period: February 1, 2019 - February 28, 2019
 Invoice No.: 19-0032
 Purchase Order No.: [REDACTED]
 LAWA Task Order No.: [REDACTED]

Date	User	Description	Rate / Unit Price	Labor Time / Quantity	Bill Amt / Sell Price
Los Angeles World Airports					
2/1/2019	[REDACTED]	Uploaded Skyview electric and water data to Energy Star Portfolio Manager to test score	\$75.00 hr	4.00	\$300.00
2/5/2019	[REDACTED]	Continued coordination for tours of city-installed water submetering device; Coordinated with the Mayor's office and LA Better Bldg Challenge regarding EBEWE changes and campus workshop; refined draft of LAWA Energy Star certification feasibility technical memo	\$210.00 hr	2.50	\$525.00
2/4/2019	[REDACTED]	Cross-referenced and check meter numbers and data, call Skyview Center (Elly) to clarify parking structure meter	\$75.00 hr	1.00	\$75.00
2/5/2019	[REDACTED]	Worked with LADWP to obtain Admin West utility data, for LEED Feasibility Study need authorization from FedEx to release data; reviewed uploaded Skyview electric and water data to Energy Star Portfolio Manager	\$210.00 hr	1.75	\$367.50
2/5/2019	[REDACTED]	Researched SoCal Gas uploading process for Energy Star Portfolio Manager. Spoke with LABBC (Maurine) to clarify SoCal Gas uploading and water metering being used by LADWP entities	\$75.00 hr	2.00	\$150.00
2/7/2019	[REDACTED]	Researched water flow meters and technology being used at the La Kretz Innovation Campus and the LAPD car washes	\$75.00 hr	4.00	\$300.00
2/11/2019	[REDACTED]	Compared RETHink Energy Star Portfolio Manager account profile uploads for Skyview meters compared to LAWA upload; edited occupancy data of Skyview centers to match what Rita (GM, Collier/Property Management) had listed for the two buildings	\$75.00 hr	3.00	\$225.00
2/14/2019	[REDACTED]	Sent word document to WL highlighting differences between occupancy data on different Energy Star uploads	\$75.00 hr	1.00	\$75.00
2/14/2019	[REDACTED]	Provided EPG with Existing Building Sustainability & EBEWE update	\$210.00 hr	0.50	\$105.00
2/15/2019	[REDACTED]	Reveiwed differences between occupancy data on different Energy Star; updated Energy Star certification technical memorandum	\$210.00 hr	2.25	\$472.50

2/18/2019		Spoke to representative from WaterCompass flow meters for details on system, research alternative flow meter technologies for LAWA campus	\$75.00 hr	2.00		\$150.00
2/19/2019		Researched La Kretz Campus contact for water meter tour and reach out to schedule a tour	\$75.00 hr	1.00		\$75.00
2/20/2019		Contacted two (2) water meter supply companies for advice on best water metering solutions; compiled spreadsheet of water meter options ranging from simple to advanced technologies	\$75.00 hr	6.00		\$450.00
2/21/2019		Continued research and spreadsheet documentation of water meter technologies and sent to WL for discussion	\$75.00 hr	5.00		\$375.00
2/22/2019		Met with WL to discuss approach to feasibility studies and technical documents; contact Saya water meter company to organize La Kretz tour	\$75.00 hr	1.00		\$75.00
2/22/2019		Continued research and spreadsheet documentation of water meter technologies; development of water submeter solutions matrix	\$210.00 hr	2.75		\$577.50
2/25/2019		Researched credible sources explaining the cost per square foot of LEED Silver Certification; researched payback time and economic benefits of LEED Silver Certification; compiled documentation of findings and links to credible sources	\$75.00 hr	5.00		\$375.00
2/25/2019		Reviewed LEED Silver Certification cost per square foot research; researched payback time and economic benefits of LEED Silver Certification; compiled documentation of findings and links to credible sources; developed LEED cost per square foot language for EPG use	\$210.00 hr	3.00		\$630.00
2/27/2019		Updated and resent LEED cost per square foot language for EPG use; participated in La Kretz Innovation Campus tour/meeting with Sanjay from Saya water company	\$210.00 hr	1.75		\$367.50
2/27/2019		Participated in La Kretz Innovation Campus tour/meeting with Sanjay from Saya water company	\$75.00 hr	1.00		\$75.00
			Total Labor	50.50		\$5,745.00
			Total Expenses			\$0.00
			TOTAL			\$5,745.00



U.S. General Services Administration

FY 2019 Per Diem Rates for ZIP 90045

I'm Interested in:

Lodging Rates

Meals & Incidentals (M&IE) Rates

Lodging by month (excluding taxes) | October 2018 - September 2019

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the National Association of Counties (NACO) website (a non-federal website).

CSV Print

Primary Destination ⓘ	County ⓘ	2018 Oct	Nov	Dec	2019 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Los Angeles	Los Angeles / Orange / Ventura / Edwards AFB less the city of Santa Monica	\$180	\$161	\$161	\$180	\$180	\$180	\$180	\$180	\$180	\$180	\$180	\$180

Meals & Incidentals (M&IE) Breakdownⁱ

Use this table to find the following information for federal employee travel:

M&IE Total - the full daily amount received for a single calendar day of travel when that day is neither the first nor last day of travel.

Breakfast, lunch, dinner, incidentals - Separate amounts for meals and incidentals. M&IE Total = Breakfast + Lunch + Dinner + Incidentals. Sometimes meal amounts must be deducted from trip voucher. See More Information

First & last day of travel - amount received on the first and last day of travel and equals 75% of total M&IE.

[CSV](#)

[Print](#)

Primary Destination ⁱ	County ⁱ	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel ⁱ
Los Angeles	Los Angeles / Orange / Ventura / Edwards AFB less the city of Santa Monica	\$66	\$16	\$17	\$28	\$5	\$49.50

Los Angeles World Airports
 Environmental Programs Division
 7301 World Way West, 7th Floor Los
 Angeles, CA 90045 Attention:
 Invoice Processing Email:
 EPGInvoice@lawa.org

Please Remit To:
 Firm Name: **The Prime Consultant**
 Mailing Address: xxxx
 City, State, Zip Code: xxxx

Date: **XX/XX/20XX**
 Invoice No.: **XXXXXXX**
 Purchase Order No.: **4500XXXXXX**
 LAWA Task Order No.: **XXXXXX-XXX**
 Your Reference No.: **XXXXXXX**

Project Title: **Support Services Related to Improvements in the Dunes**

Billing Period: **January 1, 2018 to January 31, 2018**

<i>Not-to-Exceed Authority Amount</i>	<i>Previous Billing</i>	<i>This Invoice</i>	<i>Total Billed-To-Date</i>	<i>Remaining Balance</i>	<i>% Work Completed</i>	<i>Total SBE (\$)</i>	<i>% SBE</i>
\$ 100,000.00	\$ -	\$ -	\$ -	\$ 100,000.00	0.00%	N/A	N/A

PREVIOUS BALANCE	\$ -
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TOTAL DUE THIS INVOICE	\$ -
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I certify, under penalty of perjury, under the laws of the State of California, that to the best of my knowledge and belief, the above bill/invoice is just, true and correct according to the terms of this contract and that payment therefore has not been received.

 Authorized Representative Signature

Print Rep. Name: _____

Project Title: Support **Services Related to Improvements in the Dunes**

Billing Period: **January 1, 2018 to January 31, 2018**

Date: **XX/XX/20XX**
 Invoice No.: **XXXXXXX**
 Purchase Order No.: **4500XXXXXX**
 LAWA Task Order No.: **XXXXXX-XXX**
 Your Reference No.: **XXXXXXX**

FIRM SUMMARY

Firm Name	Previous Billing		This Invoice		Total Billed-to-Date		SBE Total	% SBE
	Hours	Fees	Hours	Fees	Hours	Fees		
Prime Consultant	0	\$ -	0	\$ -	0	\$ -		
Sub A	0	\$ -	0	\$ -	0	\$ -		
Sub B	0	\$ -	0	\$ -	0	\$ -		
Sub C'	0	\$ -	0	\$ -	0	\$ -		
TOTAL	0	\$ -	0	\$ -	0	\$ -		

TOTAL NOT-TO-EXCEED AUTHORITY AMOUNT:	\$ 100,000.00
TOTAL BILLED-TO-DATE	\$ -
REMAINING AUTHORITY BALANCE	\$ 100,000.00

TOTAL	
THIS INVOICE	\$ -

Date: **XX/XX/20XX**
Invoice No.: **XXXXXXX**
Purchase Order No.: **4500XXXXXX**
LAWA Task Order No.: **XXXXXX-XXX**
Your Reference No.: **xxx**

Project Title: **Support Services Related to Improvements in the Dunes**

Billing Period: **January 1, 2018 to January 31, 2018**

TASK SUMMARY

Task No.	Task Description	Allocated Total by Task	Previous Billing		This Invoice		Total Billed-to-Date	
			Fees	% Work Completed	Fees	% Work Completed	Fees	% Work Completed
1	Ongoing Removal of Invasive Plant Species, Planting of Native Species, and Habitat Maintenance for CDIP	\$ 16,526.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
2	Annual Management Plans and Quarterly Progress Reports	\$ 25,658.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
3	Recruitment, Training, and Management of Volunteer Workers	\$ 13,653.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
4	Data Collection and Monitoring of Restoration Efforts and Preparation of Landscaping Monitoring Report(s)	\$ 15,000.00	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%
5	Revised or Supplemental Ecological Landscaping Plan(s).	\$ 5,000.00	\$ -		\$ -		\$ -	
6	Public Relations, Media, and Community Engagement.	\$ 14,163.00	\$ -		\$ -		\$ -	
7	Identification of Additional Funding for Ecological Habitat Restoration.	\$ 10,000.00	\$ -		\$ -		\$ -	
TOTAL		\$ 100,000.00	\$ -		\$ -		\$ -	

Project Title: Support Services Related to Improvements in the Dunes

Billing Period: January 1, 2018 to January 31, 2018

Date: XX/XX/20XX

Invoice No.: XXXXXXX

Purchase Order No.: 4500XXXXXX

LAWA Task Order No.: XXXXXX-XXX

Your Reference No.: XXXXXXX

Task No. 1: Ongoing Removal of Invasive Plant Species, Planting of Native Species, and Habitat Maintenance for CDIP

The Prime Consultant	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
	Staff 1	Communications Director	\$ 100.00		-		-	-	-
	Staff 2	Restoration Ecologist	\$ 35.00		-		-	-	-
	Staff 3	Watershed Programs Coordinator	\$ 34.00		-		-	-	-
		Watershed Programs Director	\$ 60.00		-		-	-	-
		Watershed Programs Manager	\$ 25.00		-		-	-	-
		Reimbursable Expenses						-	-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

Sub A	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
		Assistant Botanist	\$ 44.00		-		-	-	-
		Intern	\$ 30.00		-		-	-	-
		Lab Technician	\$ 54.00		-		-	-	-
		Nursery Assistant	\$ 45.00		-		-	-	-
		Nursery Management	\$ 75.00		-		-	-	-
		Principal Botanist	\$ 70.00		-		-	-	-
		Principal Scientist	\$ 100.00		-		-	-	-
		Seed Curation	\$ 65.00		-		-	-	-
		Seed Technician	\$ 37.00		-		-	-	-
		Reimbursable Expenses						-	-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

Sub B	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
		Entomologist	\$ 34.65		-		-	-	-
		Ornithologist	\$ 115.50		-		-	-	-
		Reimbursable Expenses						-	-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

Sub C	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
		Coordinator	\$ 51.00		-		-	-	-
		Corpsmembers / Field Crew	\$ 18.00		-		-	-	-
		Crew Supervisor	\$ 32.00		-		-	-	-
		Lab Director	\$ 80.00		-		-	-	-
		Technician Supervisor	\$ 55.00		-		-	-	-
		Reimbursable Expenses						-	-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

TASK NO. 1 TOTAL				-	\$ -	-	\$ -	-	\$ -
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Project Title: Support Services Related to Improvements in the Dunes

Billing Period: January 1, 2018 to January 31, 2018

Date: XX/XX/20XX

Invoice No.: XXXXXXX

Purchase Order No.: 4500XXXXXX

LAWA Task Order No.: XXXXXX-XXX

Your Reference No.: XXXXXXX

Task No. 2: Annual Management Plans and Quarterly Progress Reports

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
The Prime Consultant		Communications Director	\$ 100.00		-		-	-	-
		Restoration Ecologist	\$ 35.00		-		-	-	-
		Watershed Programs Coordinator	\$ 34.00		-		-	-	-
		Watershed Programs Director	\$ 60.00		-		-	-	-
		Watershed Programs Manager	\$ 25.00		-		-	-	-
		Reimbursable Expenses						-	
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub A		Assistant Botanist	\$ 44.00		-		-	-	-
		Intern	\$ 30.00		-		-	-	-
		Lab Technician	\$ 54.00		-		-	-	-
		Nursery Assistant	\$ 45.00		-		-	-	-
		Nursery Management	\$ 75.00		-		-	-	-
		Principal Botanist	\$ 70.00		-		-	-	-
		Principal Scientist	\$ 100.00		-		-	-	-
		Seed Curation	\$ 65.00		-		-	-	-
		Seed Technician	\$ 37.00		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub B		Entomologist	\$ 34.65		-		-	-	-
		Ornithologist	\$ 115.50		-		-	-	-
		Reimbursable Expenses						-	-
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub C		Coordinator	\$ 51.00		-		-	-	-
		Corpsmembers / Field Crew	\$ 18.00		-		-	-	-
		Crew Supervisor	\$ 32.00		-		-	-	-
		Lab Director	\$ 80.00		-		-	-	-
		Technician Supervisor	\$ 55.00		-		-	-	-
		Reimbursable Expenses						-	-
Subtotal				-	\$ -	-	\$ -	-	\$ -

TASK NO. 2 TOTAL	-	\$ -	-	\$ -	-	\$ -	-	\$ -
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Project Title: Support Services Related to Improvements in the Dunes

Billing Period: January 1, 2018 to January 31, 2018

Date: XX/XX/20XX

Invoice No.: XXXXXXX

Purchase Order No.: 4500XXXXXX

LAWA Task Order No.: XXXXXX-XXX

Your Reference No.: XXXXXXX

Task No. 3: Recruitment, Training, and Management of Volunteer Workers

The Prime Consultant	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
		Communications Director	\$ 100.00		-		-	-	-
		Restoration Ecologist	\$ 35.00		-		-	-	-
		Watershed Programs Coordinator	\$ 34.00		-		-	-	-
		Watershed Programs Director	\$ 60.00		-		-	-	-
		Watershed Programs Manager	\$ 25.00		-		-	-	-
		Reimbursable Expenses							-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

Sub A	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
		Assistant Botanist	\$ 44.00		-		-	-	-
		Intern	\$ 30.00		-		-	-	-
		Lab Technician	\$ 54.00		-		-	-	-
		Nursery Assistant	\$ 45.00		-		-	-	-
		Nursery Management	\$ 75.00		-		-	-	-
		Principal Botanist	\$ 70.00		-		-	-	-
		Principal Scientist	\$ 100.00		-		-	-	-
		Seed Curation	\$ 65.00		-		-	-	-
		Seed Technician	\$ 37.00		-		-	-	-
		Reimbursable Expenses							-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

Sub B	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
		Entomologist	\$ 34.65		-		-	-	-
		Ornithologist	\$ 115.50		-		-	-	-
		Reimbursable Expenses							-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

Sub C	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
		Coordinator	\$ 51.00		-		-	-	-
		Corpsmembers / Field Crew	\$ 18.00		-		-	-	-
		Crew Supervisor	\$ 32.00		-		-	-	-
		Lab Director	\$ 80.00		-		-	-	-
		Technician Supervisor	\$ 55.00		-		-	-	-
		Reimbursable Expenses							-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

TASK NO. 3 TOTAL				-	\$ -	-	\$ -	-	\$ -
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Project Title: Support Services Related to Improvements in the Dunes

Billing Period: January 1, 2018 to January 31, 2018

Date: XX/XX/20XX

Invoice No.: XXXXXXX

Purchase Order No.: 4500XXXXXX

LAWA Task Order No.: XXXXXX-XXX

Your Reference No.: XXXXXXX

Task No. 4: Data Collection and Monitoring of Restoration Efforts and Preparation of Landscaping Monitoring Report(s)

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
The Prime Consultant		Communications Director	\$ 100.00		-		-	-	-
		Restoration Ecologist	\$ 35.00		-		-	-	-
		Watershed Programs Coordinator	\$ 34.00		-		-	-	-
		Watershed Programs Director	\$ 60.00		-		-	-	-
		Watershed Programs Manager	\$ 25.00		-		-	-	-
		Reimbursable Expenses							-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub A		Assistant Botanist	\$ 44.00		-		-	-	-
		Intern	\$ 30.00		-		-	-	-
		Lab Technician	\$ 54.00		-		-	-	-
		Nursery Assistant	\$ 45.00		-		-	-	-
		Nursery Management	\$ 75.00		-		-	-	-
		Principal Botanist	\$ 70.00		-		-	-	-
		Principal Scientist	\$ 100.00		-		-	-	-
		Seed Curation	\$ 65.00		-		-	-	-
		Seed Technician	\$ 37.00		-		-	-	-
		Reimbursable Expenses							-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub B		Entomologist	\$ 34.65		-		-	-	-
		Ornithologist	\$ 115.50		-		-	-	-
		Reimbursable Expenses							-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub C		Coordinator	\$ 51.00		-		-	-	-
		Corpsmembers / Field Crew	\$ 18.00		-		-	-	-
		Crew Supervisor	\$ 32.00		-		-	-	-
		Lab Director	\$ 80.00		-		-	-	-
		Technician Supervisor	\$ 55.00		-		-	-	-
		Reimbursable Expenses							-
	Subtotal			-	\$ -	-	\$ -	-	\$ -

TASK NO. 4 TOTAL				-	\$ -	-	\$ -	-	\$ -
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Project Title: Support Services Related to Improvements in the Dunes

Billing Period: January 1, 2018 to January 31, 2018

Date: XX/XX/20XX

Invoice No.: XXXXXXX

Purchase Order No.: 4500XXXXXX

LAWA Task Order No.: XXXXXX-XXX

Your Reference No.: XXXXXXX

Task No. 5: Revised or Supplemental Ecological Landscaping Plan(s).

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
The Prime Consultant		Communications Director	\$ 100.00		-		-	-	-
		Restoration Ecologist	\$ 35.00		-		-	-	-
		Watershed Programs Coordinator	\$ 34.00		-		-	-	-
		Watershed Programs Director	\$ 60.00		-		-	-	-
		Watershed Programs Manager	\$ 25.00		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub A		Assistant Botanist	\$ 44.00		-		-	-	-
		Intern	\$ 30.00		-		-	-	-
		Lab Technician	\$ 54.00		-		-	-	-
		Nursery Assistant	\$ 45.00		-		-	-	-
		Nursery Management	\$ 75.00		-		-	-	-
		Principal Botanist	\$ 70.00		-		-	-	-
		Principal Scientist	\$ 100.00		-		-	-	-
		Seed Curation	\$ 65.00		-		-	-	-
		Seed Technician	\$ 37.00		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub B		Entomologist	\$ 34.65		-		-	-	-
		Ornithologist	\$ 115.50		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub C		Coordinator	\$ 51.00		-		-	-	-
		Corpsmembers / Field Crew	\$ 18.00		-		-	-	-
		Crew Supervisor	\$ 32.00		-		-	-	-
		Lab Director	\$ 80.00		-		-	-	-
		Technician Supervisor	\$ 55.00		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

TASK NO. 5 TOTAL				-	\$ -	-	\$ -	-	\$ -
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Project Title: Support Services Related to Improvements in the Dunes

Billing Period: January 1, 2018 to January 31, 2018

Date: XX/XX/20XX

Invoice No.: XXXXXXXX

Purchase Order No.: 4500XXXXXX

LAWA Task Order No.: XXXXXX-XXX

Your Reference No.: XXXXXXXX

Task No. 6: Public Relations, Media, and Community Engagement.

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
The Prime Consultant		Communications Director	\$ 100.00		-		-	-	-
		Restoration Ecologist	\$ 35.00		-		-	-	-
		Watershed Programs Coordinator	\$ 34.00		-		-	-	-
		Watershed Programs Director	\$ 60.00		-		-	-	-
		Watershed Programs Manager	\$ 25.00		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub A		Assistant Botanist	\$ 44.00		-		-	-	-
		Intern	\$ 30.00		-		-	-	-
		Lab Technician	\$ 54.00		-		-	-	-
		Nursery Assistant	\$ 45.00		-		-	-	-
		Nursery Management	\$ 75.00		-		-	-	-
		Principal Botanist	\$ 70.00		-		-	-	-
		Principal Scientist	\$ 100.00		-		-	-	-
		Seed Curation	\$ 65.00		-		-	-	-
		Seed Technician	\$ 37.00		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub B		Entomologist	\$ 34.65		-		-	-	-
		Ornithologist	\$ 115.50		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub C		Coordinator	\$ 51.00		-		-	-	-
		Corpsmembers / Field Crew	\$ 18.00		-		-	-	-
		Crew Supervisor	\$ 32.00		-		-	-	-
		Lab Director	\$ 80.00		-		-	-	-
		Technician Supervisor	\$ 55.00		-		-	-	-
		Reimbursable Expenses							-
Subtotal				-	\$ -	-	\$ -	-	\$ -

TASK NO. 6 TOTAL				-	\$ -	-	\$ -	-	\$ -
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Project Title: Support Services Related to Improvements in the Dunes

Billing Period: January 1, 2018 to January 31, 2018

Date: XX/XX/20XX

Invoice No.: XXXXXXX

Purchase Order No.: 4500XXXXXX

LAWA Task Order No.: XXXXXX-XXX

Your Reference No.: XXXXXXX

Task No. 7: Identification of Additional Funding for Ecological Habitat Restoration.

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
The Prime Consultant		Communications Director	\$ 100.00		-		-	-	-
		Restoration Ecologist	\$ 35.00		-		-	-	-
		Watershed Programs Coordinator	\$ 34.00		-		-	-	-
		Watershed Programs Director	\$ 60.00		-		-	-	-
		Watershed Programs Manager	\$ 25.00		-		-	-	-
		Reimbursable Expenses							
		Subtotal		-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub A		Assistant Botanist	\$ 44.00		-		-	-	-
		Intern	\$ 30.00		-		-	-	-
		Lab Technician	\$ 54.00		-		-	-	-
		Nursery Assistant	\$ 45.00		-		-	-	-
		Nursery Management	\$ 75.00		-		-	-	-
		Principal Botanist	\$ 70.00		-		-	-	-
		Principal Scientist	\$ 100.00		-		-	-	-
		Seed Curation	\$ 65.00		-		-	-	-
		Seed Technician	\$ 37.00		-		-	-	-
		Reimbursable Expenses							-
		Subtotal		-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub B		Entomologist	\$ 34.65		-		-	-	-
		Ornithologist	\$ 115.50		-		-	-	-
		Reimbursable Expenses							-
		Subtotal		-	\$ -	-	\$ -	-	\$ -

	Name	Job Title / Position	Rate	Previous Billing		This Invoice		Total Billed-to-Date	
				Hours	Fees	Hours	Fees	Hours	Fees
Sub C		Coordinator	\$ 51.00		-		-	-	-
		Corpsmembers / Field Crew	\$ 18.00		-		-	-	-
		Crew Supervisor	\$ 32.00		-		-	-	-
		Lab Director	\$ 80.00		-		-	-	-
		Technician Supervisor	\$ 55.00		-		-	-	-
		Reimbursable Expenses							-
		Subtotal		-	\$ -	-	\$ -	-	\$ -

TASK NO. 7 TOTAL	-	\$ -	-	\$ -	-	\$ -	-	\$ -
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MONTHLY PROGRESS REPORT

Date:
Invoice No.:
Purchase Order No.:
LAWA Task Order No.:
Your Reference No.:

Project Title: **Support Services Related to Improvements in the Dunes**

Billing Period: **January 1, 2018 to January 31, 2018**

Task No.

Progress Report

1 Ongoing Removal of Invasive Plant Species, Planting of Native Species, and Habitat Maintenance for CDIP

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2 Annual Management Plans and Quarterly Progress Reports

--

3 Recruitment, Training, and Management of Volunteer Workers

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4 Data Collection and Monitoring of Restoration Efforts and Preparation of Landscaping Monitoring Report(s)

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5 Revised or Supplemental Ecological Landscaping Plan(s).

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6 Public Relations, Media, and Community Engagement.

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7 Identification of Additional Funding for Ecological Habitat Restoration.

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XX/XX/20XX
XXXXXXX
4500XXXXXX
XXXXXX-XX
XXXXXXX

The Prime Consultant
Task Order No. XXXXXX-XXX
"Support Services Related to Improvements in the Dunes"

Timesheet Detail Report

Billing Period: January 1, 2018 to January 31, 2018

Firm Name	Team Member Name	Job Title / Position	Task No.	Date	Hours Worked	Rate	Total	Summary of Work Performed
Prime Consultant	Staff 1	Program Director	2	01/05/18	4.00	15.00	60.00	Provide a brief description of work activities performed.
			3	01/06/18	5.00	15.00	75.00	Provide a brief description of work activities performed.
			2	01/15/18	8.00	15.00	120.00	Provide a brief description of work activities performed.
		Staff 1 - Subtotal			17.00	15.00	\$ 255.00	
Prime Consultant	Staff 2	Project Manager	5	01/03/18	8.00	25.00	200.00	Provide a brief description of work activities performed.
			4	01/07/18	6.50	25.00	162.50	Provide a brief description of work activities performed.
			2	01/08/18	3.25	25.00	81.25	Provide a brief description of work activities performed.
			3	01/13/18	4.50	25.00	112.50	Provide a brief description of work activities performed.
		Staff 2 - Subtotal			22.25	25.00	\$ 556.25	
Sub A	Staff 3	Office Clerk	1	01/24/18	6.50	18.00	117.00	
Sub A	Staff 4	Botanist						
Sub B	Staff 5	Intern						
Sub B	Staff 6	Program Director						
Sub C	Staff 7	Office Clerk						
Sub C	Staff 8	Project Manager						
Sub D	Staff 9	Lab Technician						
Sub D	Staff 10	Botanist						
GRAND TOTAL					45.75		\$ 928.25	

NOTE: Must provide copies of signed timesheets for each employees. Electronic approval of timesheet is acceptable.