Connecticut Department of Transportation
Invoice Summary and Processing (ISP) Form

Please scan into pdf and email one signed pdf copy of this form as the first page with each invoice to:

DOT.FMS.VINVOICES@ct.gov

In the subject line, include the following <u>in this order</u>: DOT Contract ID, Vendor Name, Applicable DOT Project Number(s), Invoice Number, Amount Billed and Billing Period. Invoices not submitted as directed or incomplete could result in the invoice being sent back. Rev 05/07/2020

Section 1 - To be completed by Vendor. (Please see the Instruction Guide worksheet tab for assistance in completing this form.)

Contract CORE ID:

For A/P Use Only

Vendor Name & Remit Address:
(Please contact the Department for all remittance address changes.)

Payee :

Address :

Address :

City: State: Zip Code :

Brief Contract Description :

Vendor Contacts:

Engineering:
Print Name   Phone   Email

Financial:
Print Name   Phone   Email

(Up to 30 characters will appear on the reimbursement check.)

Vendor Invoice No./Info: Billed Amount:

(The Vendor Invoice Number must be unique for each invoice. Whatever is entered into the Invoice Number and Brief Description fields will appear on the check stub to facilitate payment.)

Billing Period: From: To: -(Billing Period must be filled in.)

Brief Invoice Description :

(Up to 70 characters will appear on the reimbursement check.)

I certify that the above claim for reimbursement is just and correct and that all work has been performed as indicated.

Title   Signature   Date

Section 2 - For DOT Office Use Only   Send To: _____

Certification of Commodities Received or Services Rendered:

Project Engineer:
Print Name   Initial/Signature   Date

Project Manager:
Print Name   Signature   Date

Engineering Comment:

Financial Review Completed:

Financial Reviewer:
Print Name   Signature   Date   Phone

PO No. :   Project ID:

(For Multiple PO's, please leave PO No. field blank, and attach separate listing of PO numbers.)

Receipt ID: Retainages ReceiptID:

(Leave Receipt ID blank and attach list for multiple Receivers.)

Amount Paid: Retainages Held:

Invoice Date: Key No.:

(Date to DOT)