



Arizona Department of Transportation  
Intermodal Transportation Division  
206 South Seventeenth Avenue Phoenix, Arizona 85007-3213

Janice K. Brewer  
Governor

John S. Halikowski  
Director

January 25, 2013

Jennifer Toth  
State Engineer

**INFORMATION BULLETIN NO. 13-05**

TO: ADOT Project Managers  
Resident Engineers  
Consultant Engineering Firms

FROM: Engineering Consultants Section (ECS)

SUBJECT: **PROGRESS PAYMENT REPORT FORMAT**

**Effective immediately**, projects using ECS Contracts will have funds encumbered at time of Modification or Contract Execution. To facilitate prompt payment and avoid processing delay, all Progress Payment Reports (PPRs), also known as Payment Reports (PRs), submitted to ADOT for ECS Contracts must include the **Purchase Order (PO) Number** and **PO Line Item Number(s)** provided by ECS. The revised PRs are available in Excel format on the ECS website, <http://www.azdot.gov/highways/ECS/Index.asp>, on the Forms and Templates page under the sub-menu Payment Report Forms. The revised PRs are listed below and attached as Exhibits to this Information Bulletin:

|           |                                       |
|-----------|---------------------------------------|
| Exhibit A | Cost Plus Fixed Fee PPR               |
| Exhibit B | Cost Plus Fixed Fee by Task Order PPR |
| Exhibit C | Lump Sum PPR                          |
| Exhibit D | Lump Sum by Task Order PPR            |
| Exhibit E | Specific Rates PPR                    |

ECS will be revising all PR formats and will contact your firm to provide the PO Number and PO Line Item Number(s) for your contract(s).

Additionally, Consultants are required to submit PRs on a monthly basis, even if work was not performed during the preceding billing period. PRs are not required for on-call contracts without any assigned task orders added by executed modification. **Noncompliance with the monthly invoice submittal contract provision (Section 4.10 or Sections 3.02 and 4.01) is considered a breach of contract and will be noted in the Annual and/or Final Consultant Performance Evaluation.**

If you have any questions regarding this bulletin, contact the Engineering Consultants Section at (602) 712-7525.



Michael J. Denbleyker, P.E., LEED AP  
Acting Manager  
Engineering Consultants Section

**ARIZONA DEPARTMENT OF TRANSPORTATION  
ENGINEERING CONSULTANTS SECTION**

**Payment Report Form - Cost Plus Fixed Fee**

|                       |                               |               |
|-----------------------|-------------------------------|---------------|
| <b>Payment Report</b> | Progress _____ or Final _____ | Contract No.: |
|-----------------------|-------------------------------|---------------|

|                            |  |                      |  |
|----------------------------|--|----------------------|--|
| <b>TRACS No.:</b>          |  | <b>Month Ending:</b> |  |
| <b>Name of Project:</b>    |  | <b>PO Number:</b>    |  |
| <b>Name of Consultant:</b> |  |                      |  |
| <b>Remit to Address:</b>   |  |                      |  |

|                           |                                  |          |             |
|---------------------------|----------------------------------|----------|-------------|
| <b>Contract NTP Date:</b> | <b>Contract Completion Date:</b> | % Billed | % Completed |
|---------------------------|----------------------------------|----------|-------------|

| PO Line Number | Description                          | Total Contract Amount | Previous Accumulative Amount | Current Amount Billing | Total Accumulative Amount |
|----------------|--------------------------------------|-----------------------|------------------------------|------------------------|---------------------------|
|                | <b>Original Contract + CM #</b>      |                       |                              |                        |                           |
|                | Direct Labor                         |                       |                              |                        |                           |
|                | Overhead @ ____% of DL (Neg or Prov) |                       |                              |                        |                           |
|                | Other Direct Expenses                |                       |                              |                        |                           |
|                | Outside Reproduction                 |                       |                              |                        |                           |
|                | Outside Messenger Service            |                       |                              |                        |                           |
|                | Personal Vehicle Mileage             |                       |                              |                        |                           |
|                | CADD                                 |                       |                              |                        |                           |
|                | Miscellaneous                        |                       |                              |                        |                           |
|                | Total Other Direct Expenses          |                       |                              |                        |                           |
|                | Outside Services                     |                       |                              |                        |                           |
|                | 40.1 Sub                             |                       |                              |                        |                           |
|                | 40.2 Sub DBE                         |                       |                              |                        |                           |
|                | 40.3 Sub DBE                         |                       |                              |                        |                           |
|                | 40.4 Sub                             |                       |                              |                        |                           |
|                | 40.5 Sub                             |                       |                              |                        |                           |
|                | Total Outside Services               |                       |                              |                        |                           |
|                | TOTAL ABOVE CATEGORIES               |                       |                              |                        |                           |
|                | Fixed Fee @ ____% of DL & OH         |                       |                              |                        |                           |
| 1              | <b>Contract Total</b>                |                       |                              |                        |                           |

|                                 |      |                              |  |
|---------------------------------|------|------------------------------|--|
| <b>Submitted By</b> _____       | Date | <b>Total To Date</b>         |  |
| Consultant                      |      |                              |  |
| <b>Approved By</b> _____        | Date | <b>Total Previous Report</b> |  |
| ADOT Project Manager            |      |                              |  |
| <b>Approved By</b> _____        | Date | <b>Current Report</b>        |  |
| Engineering Consultants Section |      |                              |  |

**ARIZONA DEPARTMENT OF TRANSPORTATION  
ENGINEERING CONSULTANTS SECTION**

Payment Report Form - Cost Plus Fixed Fee by Task Order

**SUMMARY PAGE**

|   |                          |                                      |                                  |                                     |                               |                                  |
|---|--------------------------|--------------------------------------|----------------------------------|-------------------------------------|-------------------------------|----------------------------------|
| <b>Payment Report No.:</b>                  |                          | <b>Progress _____ or Final _____</b> |                                  | <b>Contract No.:</b>                |                               |                                  |
| <b>Contract Description:</b>                |                          |                                      |                                  | <b>Month Ending:</b>                |                               |                                  |
| <b>Name of Consultant:</b>                  |                          |                                      |                                  | <b>PO Number:</b>                   |                               |                                  |
| <b>Remit to Address:</b>                    |                          |                                      |                                  |                                     |                               |                                  |
| <b>Contract NTP Date:</b>                   |                          |                                      | <b>Contract Completion Date:</b> | <b>% Billed</b>                     | <b>% Completed</b>            |                                  |
| <b>PO Line Number</b>                       | <b>Task Order Number</b> | <b>Description</b>                   | <b>Total Contract Amount</b>     | <b>Previous Accumulative Amount</b> | <b>Current Amount Billing</b> | <b>Total Accumulative Amount</b> |
| 1   | 1                        | Original Contract + CM #             |                                  |                                     |                               |                                  |
| 2   | 2                        |                                      |                                  |                                     |                               |                                  |
|   |                          | <b>Contract Task Order Total</b>     |                                  |                                     |                               |                                  |
|   |                          | <b>Contract Total</b>                |                                  |                                     |                               |                                  |
| <b>Submitted By</b> _____ <b>Date</b> _____ |                          |                                      |                                  |                                     | <b>Total To Date</b>          |                                  |
| Consultant                                  |                          |                                      |                                  |                                     |                               |                                  |
| <b>Approved By</b> _____ <b>Date</b> _____  |                          |                                      |                                  |                                     | <b>Total Previous Report</b>  |                                  |
| ADOT Project Manager                        |                          |                                      |                                  |                                     |                               |                                  |
| <b>Approved By</b> _____ <b>Date</b> _____  |                          |                                      |                                  |                                     | <b>Current Report</b>         |                                  |
| Engineering Consultants Section             |                          |                                      |                                  |                                     |                               |                                  |

**ARIZONA DEPARTMENT OF TRANSPORTATION  
ENGINEERING CONSULTANTS SECTION**

Payment Report Form - Cost Plus Fixed Fee by Task Order

**TASK ORDER 1**

|   |  |                                     |                               |                                  |
|---|--|-------------------------------------|-------------------------------|----------------------------------|
| <b>Payment Report No.:</b>                  | <b>Progress</b> _____ <b>or</b> <b>Final</b> _____ | <b>Contract No.:</b>                |                               |                                  |
| <b>TRACS No.:</b>                           |  | <b>Month Ending:</b>                |                               |                                  |
| <b>Name of Project:</b>                     |  | <b>PO Number:</b>                   |                               |                                  |
| <b>Name of Consultant:</b>                  |  |                                     |                               |                                  |
| <b>Remit to Address:</b>                    |  |                                     |                               |                                  |
| <b>Contract NTP Date:</b>                   | <b>Contract Completion Date:</b>                   | <b>% Billed</b>                     | <b>% Completed</b>            |                                  |
|   |  |                                     |                               |                                  |
| <b>Description</b>                          | <b>Total Contract Amount</b>                       | <b>Previous Accumulative Amount</b> | <b>Current Amount Billing</b> | <b>Total Accumulative Amount</b> |
| Direct Labor                                |  |                                     |                               |                                  |
| Overhead @ ____% of DL (Neg or Prov)        |  |                                     |                               |                                  |
| Other Direct Expenses                       |  |                                     |                               |                                  |
| Outside Reproduction                        |  |                                     |                               |                                  |
| Outside Messenger Service                   |  |                                     |                               |                                  |
| Personal Vehicle Mileage                    |  |                                     |                               |                                  |
| CADD  |  |                                     |                               |                                  |
| Miscellaneous                               |  |                                     |                               |                                  |
| Total Other Direct Expenses                 |  |                                     |                               |                                  |
| Outside Services                            |  |                                     |                               |                                  |
| 40.1 Sub                                    |  |                                     |                               |                                  |
| 40.2 Sub     DBE                            |  |                                     |                               |                                  |
| 40.3 Sub     DBE                            |  |                                     |                               |                                  |
| 40.4 Sub                                    |  |                                     |                               |                                  |
| 40.5 Sub                                    |  |                                     |                               |                                  |
| Total Outside Services                      |  |                                     |                               |                                  |
| TOTAL ABOVE CATEGORIES                      |  |                                     |                               |                                  |
| Fixed Fee @ ____% of DL & OH                |  |                                     |                               |                                  |
| TASK ORDER #1 TOTAL                         |  |                                     |                               |                                  |
| <b>Submitted By</b> _____ <b>Date</b> _____ |  |                                     | <b>Total To Date</b>          |                                  |
| Consultant                                  |  |                                     |                               |                                  |
| <b>Approved By</b> _____ <b>Date</b> _____  |  |                                     | <b>Total Previous Report</b>  |                                  |
| ADOT Project Manager                        |  |                                     |                               |                                  |
| <b>Approved By</b> _____ <b>Date</b> _____  |  |                                     | <b>Current Report</b>         |                                  |
| Engineering Consultants Section             |  |                                     |                               |                                  |

**ARIZONA DEPARTMENT OF TRANSPORTATION  
ENGINEERING CONSULTANTS SECTION**

Payment Report Form - Cost Plus Fixed Fee by Task Order

**TASK ORDER 2**

| <b>Payment Report No.:</b>                  | <b>Progress</b> _____ <b>or</b> <b>Final</b> _____ | <b>Contract No.:</b>         |                        |                           |
|---|--|------------------------------|------------------------|---------------------------|
| <b>TRACS No.:</b>                           |  | <b>Month Ending:</b>         |                        |                           |
| <b>Name of Project:</b>                     |  | <b>PO Number:</b>            |                        |                           |
| <b>Name of Consultant:</b>                  |  |                              |                        |                           |
| <b>Remit to Address:</b>                    |  |                              |                        |                           |
| <b>Contract NTP Date:</b>                   | <b>Contract Completion Date:</b>                   | % Billed                     | % Completed            |                           |
| Description                                 | Total Contract Amount                              | Previous Accumulative Amount | Current Amount Billing | Total Accumulative Amount |
| Direct Labor                                |  |                              |                        |                           |
| Overhead @ ____% of DL (Neg or Prov)        |  |                              |                        |                           |
| Other Direct Expenses                       |  |                              |                        |                           |
| Outside Reproduction                        |  |                              |                        |                           |
| Outside Messenger Service                   |  |                              |                        |                           |
| Personal Vehicle Mileage                    |  |                              |                        |                           |
| CADD  |  |                              |                        |                           |
| Miscellaneous                               |  |                              |                        |                           |
| Total Other Direct Expenses                 |  |                              |                        |                           |
| Outside Services                            |  |                              |                        |                           |
| 40.1 Sub                                    |  |                              |                        |                           |
| 40.2 Sub     DBE                            |  |                              |                        |                           |
| 40.3 Sub     DBE                            |  |                              |                        |                           |
| 40.4 Sub                                    |  |                              |                        |                           |
| 40.5 Sub                                    |  |                              |                        |                           |
| Total Outside Services                      |  |                              |                        |                           |
| TOTAL ABOVE CATEGORIES                      |  |                              |                        |                           |
| Fixed Fee @ ____% of DL & OH                |  |                              |                        |                           |
| <b>TASK ORDER #2 TOTAL</b>                  |  |                              |                        |                           |
| <b>Submitted By</b> _____ <b>Date</b> _____ |  | <b>Total To Date</b>         |                        |                           |
| Consultant                                  |  |                              |                        |                           |
| <b>Approved By</b> _____ <b>Date</b> _____  |  | <b>Total Previous Report</b> |                        |                           |
| ADOT Project Manager                        |  |                              |                        |                           |
| <b>Approved By</b> _____ <b>Date</b> _____  |  | <b>Current Report</b>        |                        |                           |
| Engineering Consultants Section             |  |                              |                        |                           |





**ARIZONA DEPARTMENT OF TRANSPORTATION  
ENGINEERING CONSULTANTS SECTION**

**Payment Report Form - Specific Rates**

|  |                                     |                                  |                                     |                               |                                  |
|--|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------|----------------------------------|
| <b>Payment Report No.:</b>                                 | Progress _____ or Final _____       | <b>Contract No.:</b>             |                                     |                               |                                  |
| <b>Contract Description:</b>                               |                                     | <b>Month Ending:</b>             |                                     |                               |                                  |
| <b>Name of Consultant:</b>                                 |                                     | <b>PO Number:</b>                |                                     |                               |                                  |
| <b>Supplemental Service Employee Name (if applicable):</b> |                                     |                                  |                                     |                               |                                  |
| <b>Remit to Address:</b>                                   |                                     |                                  |                                     |                               |                                  |
| <b>Contract NTP Date:</b>                                  |                                     | <b>Contract Completion Date:</b> |                                     | <b>% Billed</b>               | <b>% Completed</b>               |
| <b>PO Line Number</b>                                      | <b>TRACS Number and Description</b> | <b>Total Contract Amount</b>     | <b>Previous Accumulative Amount</b> | <b>Current Amount Billing</b> | <b>Total Accumulative Amount</b> |
|  | Original Contract + CM #            |                                  |                                     |                               |                                  |
|  | TRACS NO.                           |                                  |                                     |                               |                                  |
|  | TRACS NO.                           |                                  |                                     |                               |                                  |
|  | TRACS NO.                           |                                  |                                     |                               |                                  |
|  | TRACS NO.                           |                                  |                                     |                               |                                  |
|  | <b>Payment Total</b>                |                                  |                                     |                               |                                  |
|  | <b>Contract Total</b>               |                                  |                                     |                               |                                  |
| <b>Submitted By</b> _____ <b>Date</b> _____                |                                     |                                  |                                     | <b>Total To Date</b>          |                                  |
| <b>Approved By</b> _____ <b>Date</b> _____                 |                                     |                                  |                                     | <b>Total Previous Report</b>  |                                  |
| <b>Approved By</b> _____ <b>Date</b> _____                 |                                     |                                  |                                     | <b>Current Report</b>         |                                  |
| Engineering Consultants Section                            |                                     |                                  |                                     |                               |                                  |