RAM Custodial Care and Landscape Maintenance\Recycling Services INVOICE SUPPORTING DOCUMENTATION

\RAM-INV-02\$.XLS

| | | | 55: | | |
|-------------------|---|-------------------------------|------------------------|-------------|--|
| A. Contractor Na | ame and Address | | D. Project Identificat | tion Number | |
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| | | | | | |
| B. Contractor Inv | oice Number & Date | | E. Site Description | | |
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| | | | | | |
| C. Time Period C | overed by This Invoice | | F. County | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | (payments may be held until correct figures are submitted) | | | | |
| | | | | | |
| G. Total Cos | t This Invoice | | | - | |
| | | | | | |
| H. Total Cos | ts Previously Invoiced To The CCLM\Recycling Project | | | | |
| TI. Total Cos | is reviously invoiced to the occivilled colling rojed | | | | |
| | | | | | |
| I. Total Cost | Invoiced To Date To The CCLM\Recycling Project | | | \$ - | |
| | | | | | |
| | | | | | |
| J. Purchase | Order Amount For the CCLM\Recycling Project (including amendments) | | | | |
| | | | | | |
| Contractor Cert | ification I certify that to the best of my knowledge the v duplication of payments, and any and all cost | | | | |
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| | | | | | |
| | (Name) | | | | |
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| | | | | | |
| | | | | (Title) | |
| | | | | | |
| WisDOT Appro | val | | | | |
| | Date Invoice Received | Amount Approved for Payment | | | |
| | Date invoice reconse | , another pprovod for a dymon | | | |
| | | | | | |
| | | | | | |
| | | • | | I. | |
| | Prodict. V | | | (1) | |
| | Partial X | | | (Name) | |
| | | | | | |
| | Final | | | (Title) | |
| | | | | | |
| Drogram Mari | ager Approval | | | | |
| Program Mana | iger Approval | | | | |
| | Check if corrections memo issued: | Mem | no number: | | |
| | | Wich | | | |
| | | | | | |
| | x | (| Name) | | |
| | | | , | | |
| | | | - > | | |
| | | (| Title) | | |
| L | | | | | |

RAM Custodial Care and Landscape Maintenance/Recycling Services

INVOICE SUPPORTING DOCUMENTATION

Site: Invoice Month:

| 1. | SALARIES | \$ |
|-----|--------------------------|--------|
| 2. | FRINGE BENEFITS | \$ |
| 3. | MATERIAL & SUPPLIES | \$ |
| 4. | EQUIPMENT | \$ |
| 5. | VEHICLES | \$ |
| 6. | CONTRACTOR SERVICE COST | \$ |
| 7. | SITE LIABILITY INSURANCE | \$ |
| 8. | SPECIAL VENDOR SERVICES | \$ |
| 9. | MISCELLANEOUS | \$ |
| 10. | TOTAL COSTS | \$ |

WHEN SUBMITTING THIS DOCUMENT TO WISDOT, IMMEDIATELY FAX THIS PAGE TO RFW, ATTENTION: SUSAN DAVIS TO 888-435-7455 OR EMAIL TO SDAVIS@RFW.ORG. (MUST BE SUBMITTED NO LATER THAN THE 20TH OF EACH MONTH)

| I. SALARIES | | T | | | |
|-----------------|-----------|--|--|--------------------|------|
| - | | Total Hours Include supervisor & worker re | egular & overtime hours / wages | | |
| . FRINGE BE | NEFITS | | | | |
| | | include FICA (7.65%) | | | |
| . MATERIAL | & SUPP | LIES | (Listed Separately On Page 5) | | \$ - |
| c:_ \$ - | | B:_ \$ | T: \$ | | |
| P:_ \$ - | _ (| G:_ \$ | U:_\$ M:_\$ | | |
| . EQUIPMENT | | ent Purchase | | | |
| | Equipment | costing \$100.00 or greater listed up | nder "EQUIPMENT PURCHASE". 00.00, depreciate over a three year period. | | |
| | Equipment | purchases under \$5,000.00, list to | al cost. | | |
| | A. | | | | = |
| | В. | | | | |
| | C. | | | | |
| | C. | | | | - |
| | D. | Equipment Fuel | | - | • |
| | E. | Equipment Operating | (including oil, parts, maintenance, etc.) | - | - |
| | | | TOTAL FOLUDIMENT | | • |
| . VEHICLE | | | TOTAL EQUIPMENT | | - |
| . VEHICLE | | Depresiation (1) | | | |
| | A. | Depreciation (list vehicle, pay | ment number) | | |
| | | | | | \$ - |
| | В. | Mileage Ra | e: | mi. | \$ - |
| | C. | Vehicle Fuel | | | |
| | C. | | | | |
| | D. | Vehicle Operating | | | |
| | D. | Other Major Repairs | (Please List) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | E. | Insurance | | | |
| | | | Т | OTAL VEHICLE COSTS | \$ - |
| CONTRACT | OD OED) | #0F 000T | The Wisconsin DOT will not reimburse for more | | |
| . CONTRACT | OK SEK | AICE COST | than the maximum amount listed in the contract. | | |
| . SITE LIABIL | ITY INSII | IRANCE | | | |
| | | | | | |
| . SPECIAL VE | NDOR S | ERVICES | List Work Completed and Location: | | |
| | A. | Trash / Recycling Service: | | | _ |
| | B. | HVAC System Service: | | | _ |
| | C. | Electrical Service: | | - | - |
| | D. | Plumbing Service: | | | - |
| | E. | Well Service: | | | = |
| | F. | Septic Service: | | - | - |
| | G. | Portable Toilet Service: | | | - |
| | H. | Fire Extinguisher Service: | | | = |
| | l. | Landscape | | | |
| | J. | Building | | | |
| | K. | Other (please list): | | | |
| | | | TOTAL ORDINAL (TITLE OF THE TITLE OF THE TIT | | |
| . MISCELLAN | EOUS C | OSTS | TOTAL SPECIAL VENDOR SERVICE COSTS | | \$ - |
| | | g water testing, storage, telepho | one & internet, etc.) | | |
| | , | ,g,ago, totopin | , | | |
| | A. | | | | - |
| | В. | | | | |
| | | | <u> </u> | | • |
| | C. | | | | - |
| | n | | | | |

TOTAL MISCELLANEOUS COSTS

MATERIALS & SUPPLIES LISTING

List all material and supply purchases for the month. Do not send receipts or copies of receipts. Retain receipts for your files.

Codes:

C - Cleaning
P - Paper & Other Consumable Supplies
B - Building Repairs and Maintenance G - Grounds Repairs and Maintenance T - Tools U - Uniforms M - Miscellaneous

| DATE | SUPPLIER | QUANTITY | DESCRIPTION | UNIT COST | TOTAL COST | CODE |
|------|----------|----------|-------------|-----------|------------|------|
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Sub-Totals By Codes

MATERIALS & SUPPLIES LISTING

List all material and supply purchases for the month. Do not send receipts or copies of receipts. Retain receipts for your files.

Codes:

 C - Cleaning
 G - Grounds Repairs and Maintenance
 U - Uniforms

 P - Paper & Other Consumable Supplies
 T - Tools
 M - Miscellaneous

 B - Building Repairs and Maintenance

| DATE | SUPPLIER | QUANTITY | DESCRIPTION | UNIT COST | TOTAL COST | CODE |
|------|----------|----------|-------------|-----------|------------|------|
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| Sub-Totals By Codes | | | | | |
|---------------------|--------------------|--------------------|---|-----|---|
| C - <u></u> \$ | В\$ | T\$ | - | M\$ | - |
| P - \$ | G - <u></u> \$ | U - <u></u> \$ | - | - | |

TOTALS (Enter on Page 3, Item #3)\$ \$ -