



INVOICE CHECKLIST

City of San Marcos

VENDOR NAME: _____
INVOICE DATE: _____
INVOICE #: _____

- 1 [] [] [] ENSURE PAY REQUEST #, COMPANY NAME, COMPANY INVOICE #, IS CORRECT ON PAYMENT REQUISITION FORM.
2 [] [] [] ENSURE CONTRACT NUMBER IS CORRECT ON PAYMENT REQUISITION FORM.
3 [] [] [] ENSURE CONTRACT AMOUNT, TOTAL CHANGE ORDERS, REVISED CONTRACT AMOUNT, TOTAL AMOUNT DUE AND REMAINING CONTRACT BALANCE IS CORRECT ON PAYMENT REQUISITION FORM.
4 [] [] ENSURE PROJECT STRING SECTION IS PROPERLY LABELED AND CODED ON PAYMENT REQUISITION FORM.
5 [] [] ENSURE GL ACCOUNT SECTION IS PROPERLY LABELED AND CODED ON PAYMENT REQUISITION FORM.
6 [] [] [] ARE THERE TAXES IN THE CONTRACTORS INVOICE. (If yes, invoice needs to be revised by contractor and new Payment Requisition filled out.)
7 [] [] [] ARE THERE TAXES IN THE SUB-CONTRACTORS INVOICES. (If yes, invoice needs to be revised by contractor and new Payment Requisition filled out.)
8 [] [] [] ARE THERE MARKUPS OR MULTIPLIERS IN THE CONTRACTORS INVOICE. (If yes, invoice needs to be revised by contractor and new Payment Requisition filled out.)
9 [] [] [] ARE THERE MARKUPS OR MULTIPLIERS IN THE SUB-CONTRACTORS INVOICE. (If yes, invoice needs to be revised by contractor and new Payment Requisition filled out.)
10 [] [] [] ENSURE CONTRACTED RATES EQUAL THE CONTRACT OR LATEST ACIS. (If no, invoice needs to be revised by contractor and new Payment Requisition filled out.)
11 [] [] [] ENSURE SUB-CONTRACTOR INVOICES EQUAL THE AMOUNT ON THE CONTRACTOR INVOICE.
12 [] [] [] ENSURE CONTRACTOR INVOICE EQUALS THE AMOUNT ON THE TOTAL AMOUNT DUE ON THE PAYMENT REQUISITION SHEET.
13 [] [] ENSURE CONTENT OF CONTRACTORS INVOICE IS IN LINE WITH CONTRACT DELIVERABLES.
14 [] [] ENSURE CONTENT OF SUB-CONTRACTOR INVOICES IS IN LINE WITH CONTRACT DELIVERABLES.
15 [] ENSURE PAYMENT REQUISITION FORM IS SIGNED BY ALL REQUIRED PARTIES.
16 [] PRINT OUT SAM.GOV ACTIVE SHEET FOR CONTRACTOR AND SUB-CONTRACTORS SHOWING STATUS.
17 [] APPROVAL TO AP

CC SIGNATURE: _____ DATE: _____

PM SIGNATURE: _____ DATE: _____

GS SIGNATURE: _____ DATE: _____