

The following information is provided to assist vendors with the submittal of invoices for payment to UC San Diego, Office of Capital Program Management's (CPM) electronic invoice system.

1. All invoices and supporting documentation are to be submitted electronically as one PDF document to the Fiscal Unit's e-mail address: CPM-Fiscal@ucsd.edu
2. The following document(s) must be attached to the email as a **single PDF Document**:
 - Completed UCSD CPM Consultant Form
 - Supporting Documentation (your company invoice and/or breakdown of services). The CPM Consultant form should be placed as the first page of the document.
3. ONE Invoice per **UC San Diego Project**
4. The e-mail subject line format should start with the words CONSULTANT INVOICE followed by the project number and the company name. An example of this follows:
CONSULTANT INVOICE, 4896/ABC Company
5. The e-mail subject line format for a revised invoice (previously submitted but returned by UC San Diego for corrections and/or revisions) should start with the words REVISED CONSULTANT INVOICE. An example of this follows:
REVISED CONSULTANT INVOICE, 4896/ABC Company
6. DO NOT send duplicate copies of your invoice documents to the Project Manager for payment.
7. Submission to CPM-Fiscal@ucsd.edu will result in the fastest turnaround time for payment. Sending documents to anyone other than the Fiscal electronic in-box will delay or reject payment. Please do not inquire about payment status unless it is 30 days past the submittal date and you have already checked Payment Compass (if you don't have a log in yet, request an invite from Fiscal so you can register as this will also be where you keep your company info. up to date).
8. Questions relating to this process may be sent to CPM-Fiscal@ucsd.edu

This document is provided as a reference when preparing the standardized CONSULTANT electronic invoice form required by UC San Diego, Office of Capital Program Management (CPM). Please refer to the sample form provided at <https://plandesignbuild.ucsd.edu/opportunities/invoices.html>; the numbers on the document correspond with the numbers below providing detailed directions for completing the payment request.

Fill out the Word document labeled “Form” under Consultant Invoices (it may open in *Read mode*, if so, click on *Edit Document* in VIEW tab at the top of the screen)

1. Company Name: The Company named in the agreement with CPM and to whom the payment will be made. This should match the company’s name on most recent W-9.
2. Federal ID Number: The federal ID number for the company listed in #1 above.
3. Remittance Address: **The mailing address where the check will be sent.** Please ensure it is accurate and up to date.
4. Contact Name: Name of the person that prepared the invoice, or a contact person should there be any questions about the information on the invoice and/or supporting documentation.
5. Contact Phone #: The area code and phone number of the person in item #4 above.
6. Contact Email: Email address of the person in item #4 above
7. Invoice #: Invoice number on official CPM invoice should match your company invoice.
8. Invoice Date: Enter an appropriate date. The date should match your company invoice.
9. Period To: End date of work performed this billing period.
10. UCSD Agreement #: The number associated with the *Executive Design Professional Agreement (EDPA)* or the *Professional Services Agreement (PSA)*; located on the documents provided by CPM.
11. Authorization #: Provided by CPM; labeled as “Auth. No” on the *Authorization to Perform Professional Services*.
12. Project: Set and determined by CPM; the 4 digit project number followed by the project name **4896 Muir Biology Third Floor Renovation (954898)**.
13. Updates to your company information must be done via Payment Compass, if your company is new at doing business with UCSD or you need to update information for your company, please do so in Payment Compass; if you do not have a log in yet, contact CPM-Fiscal@ucsd.edu about registering.
14. Services – complete this section as follows:
 - Original Agreement (w/o reimb): Amount authorized for the scope of work. This equals the fee or itemized amount from either the *Authorization to Perform Professional Services*, *Design Change Authorization*, or *Agreement for Consulting Services Relating to Physical Planning and Construction* from item #10 above.
 - Total Authorized Changes (if applicable): The total amount of authorized changes.
 - Total Authorized Services: This is auto calculated and equals the Original Agreement and the Total Authorized Changes.
 - Total Previously Billed: Total amount of previous invoices, services only.
 - Total Services This Invoice: This is the manually calculated amount due for work performed this

period (relates to item #8 above).

- Billed to Date (include this billing): This is auto calculated and equals the Total Previously Billed amount plus the Total Services This Invoice amount.
- Authorized Fee Remaining: This is auto calculated.

15. Reimbursables – complete this section as follows:

- Original Agreement: Amount authorized for reimbursables. This equals amount from either the *Authorization to Perform Professional Services, Design Change Authorization, or Agreement for Consulting Services Relating to Physical Planning and Construction* (item #10 above).
- Total Authorized Changes (if applicable): The total amount of authorized changes.
- Total Authorized Reimbursables: This is auto calculated and equals the Original Agreement and the Total Authorized Changes.
- Total Previously Billed: Total amount of previous invoices, reimbursables only.
- Total Reimbursables This Invoice: Manually calculated amount due for reimbursables this period (relates to item #8 above).
- Billed to Date (include this billing): This is auto calculated and equals the Total Previously Billed amount plus the Total Reimbursables This Invoice amount.
- Authorized Fee Remaining: This is auto calculated.

16. Grand Total: This is auto calculated based on the sum of Total Services and Total Reimbursables for this billing period. Represents total billing for services/fees and reimbursables for this billing period.

17. Percentage of Work Performed in California: Please enter the percentage of work performed in California for this billing period (0% - 100%). This field is for tax purposes and does not refer to the project's completed-to-date percentage.

- For questions about California Nonresident tax withheld, please direct them to BFS Support at bfsupport@ucsd.edu
- Out-of-State suppliers should be made aware of the California Nonresident Tax Withholding, information available at the Franchise Tax Board (FTB) website: <https://www.ftb.ca.gov/individuals/wsc/withholding.shtml>

When form is complete, save the document as a PDF with the following file name format, *Company Name – Invoice #* (include space before and after dash). Once in PDF form, you can insert your back-up (please be sure to make the CPM form the first page). Submit invoice along with all supporting documents **as one PDF document** to CPM-Fiscal@ucsd.edu as described in the General Information page.