

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 supplementary information are to be submitted electronically 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 Invoice – *prepared on the CPM Consultant form provided by UC San Diego, Office of Capital Program Management*
 - Supplemental Documentation (your company invoice and/or supporting documentation) The CPM Consultant Invoice will be considered the “official” invoice and should be placed as the first page of the document.
3. ONE Invoice per **UC San Diego Authorization Number** – Please note this represents a significant change to past practice.
4. The e-mail subject line format should start with the words **CONSULTANT INVOICE** followed by the *Authorization Number and Consultant Name*. An example of this follows:

CONSULTANT INVOICE, 4896/ABC-15-3.1, 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-15-3.1, 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.
8. Questions relating to this process may be sent to CPM-Fiscal@ucsd.edu or you may leave a message for a return call at 858-822-5229.

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 attached numbered sample; the numbers on the document correspond with the numbers below providing detailed directions for completing the payment request.

Fill out the Word document labeled “Consultant Invoice – Blank” (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 Number: Invoice number on official CPM invoice will be generated and determined by the company listed in #1 above. This field is required and limited to 9 characters; it is recommended that no special characters be used. The payment system will format the invoice number with leading zeros and remove special characters. Ex: 52-368 will become 000052368 on the payment document.
8. Invoice Date: Enter an appropriate date. The date should match your supplementary company invoice, if provided.
9. Period To: End date of work performed this billing period.
10. UCSD Agreement Number: 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 Number: Provided by CPM; labeled as “Auth. No” on the *Authorization to Perform Professional Services* and the *Agreement for Consulting Services Relating to Physical Planning and Construction*; labeled as “D.C. Auth. No.” on *Design Change Authorization* forms.
12. Project Number: Set and determined by CPM; the project number located after the project name (item #13 below) on the authorizations. For example, if the authorization shows the project as **4896 Muir Biology Third Floor Renovation (954898)**, the project number is **4896/954898**.
13. Project Name: Generated by CPM and located on the agreements and/or the authorizations. Enter words only, please exclude the numbers. For example, if the authorization shows the project as **4896 Muir Biology Third Floor Renovation (954898)**, the project name is **Muir Biology Third Floor Renovation**.
14. W-9: Check all applicable boxes for address, company name, or Federal Tax ID changes.
 - First time consultants submitting the initial invoice, please complete a new W-9.

- On-going consultants with changes to the address, company name, and/or ID #, please complete a new W-9 and submit scanned copies of the W-9 with the invoice to CPM-Fiscal@ucsd.edu as a separate document from invoice.

15. 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 and equals the Original Authorized Agreement (w/o reimb) plus Total Authorized Changes minus Billed to Date.

16. 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 based on the Original Agreement amount plus any Total Authorized Changes minus the Billed to Date amount.

17. 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.

18. Percentage of Work Completed in California: Please enter the percentage of work completed 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 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 invoice form the first page). Submit invoice along with all supplementary documents **as one PDF document** to CPM-Fiscal@ucsd.edu as described in the General Information page.