

Connecticut Department of Transportation

Invoice Summary and Processing (ISP) Form

Please submit at least one signed original and one copy of this form with each invoice to:

Department of Transportation, Division of Financial Management & Support - Room 1329

2800 Berlin Tpke., PO Box 317546, Newington, Connecticut 06131-7546

Rev 05/27/2009

Section 1 - To be completed by Vendor. (Please see the Instruction Guide worksheet tab for assistance in completing this form.)

Contract
CORE ID:

For A/P Use Only

Vendor Name & Remit Address:

(Please contact the Department for all remittance address changes.)

Payee :

Address :

Address :

City:

State:

Zip Code :

Brief Contract Description :

Vendor Contacts:

Engineering:

Print Name

Phone

Email

Financial:

Print Name

Phone

Email

(Up to 30 characters will appear on the reimbursement check.)

Vendor Invoice No./Info:

Billed Amount:

(The Vendor Invoice Number must be unique for each invoice. Whatever is entered into the Invoice Number and Brief Description fields will appear on the check stub to facilitate payment.)

Billing Period:

From:

To:

-(Billing Period must be filled in.)

Brief Invoice Description :

(Up to 70 characters will appear on the reimbursement check.)

I certify that the above claim for reimbursement is just and correct and that all work has been performed as indicated.

Title

Signature

Date

Section 2 - For DOT Office Use Only

Certification of Commodities Received or Services Rendered:

Project Engineer:

Print Name

Initial

Date

Project Manager:

Print Name

Signature

Date

Financial Review Completed:

Accountant

Print Name

Signature

Date

Phone

PO No. :

Project ID:

(For Multiple PO's, please leave PO No. field blank, and attach separate listing of PO numbers.)

Receipt ID:

Return Check :

Retainages ReceiptID:

(Leave Receipt ID blank and attach list for multiple Receivers.)

Amount Paid:

Separate Payment :

Retainages Held:

Invoice Date:

Reportable (ROW):

Key No.:

(Date to DOT)