WAM CHECKLIST FOR INVOICE REVIEW

Invoice No: B079 **Performance Period** 04/03/16 - 04/30/16 **WA #:** 357-TATA-A882

Contract No.: EP-W-05-049 **Contractor:** CDM Smith

Site Columbia Falls Aluminum **WAM Name:** Mike Cirian

***Please provide written explanations when answers are "no"**	**Y**	**N**	**NA**
VOUCHER OVERVIEW			
1.Does the monthly invoice correspond to the monthly progress report?	[ ]	[ ]	[ ]
2.Are the billed costs authorized by the work assignment/workplan	[ ]	[ ]	[ ]
3.Are the accumulated costs and LOE sufficiently below the approved workplan budget to accomplish remaining work?	[ ]	[ ]	[ ]
LABOR			
4. Is the labor mix (p-levels) appropriate for the work performed this month?	[ ]	[ ]	[ ]
5. Are the labor hours commensurate with work completed this month?	[ ]	[ ]	[ ]
OTHER DIRECT COSTS			
6. Do travel expenses appear reasonable and within the approved budget? NA	[ ]	[ ]	[ ]
7. Do supply and material costs appear appropriate for the tasks completed this month?	[ ]	[ ]	[ ]
8. Are all ODCs reasonable for the work performed?	[ ]	[ ]	[ ]
SUBCONTRACTS			
9. Was consent for subcontractor charges received in advance?	[ ]	[ ]	[ ]
10. Are the subcontractor costs consistent with the work performed?	[ ]	[ ]	[ ]

Critical Performance Categories (Rate the following categories using the rating system of 1-5)
0 = Unsatisfactory 1=Poor 2=Fair 3=Good 4=Excellent 5 = Outstanding

Quality of Product and Services _____
Cost Control (includes Resource Utilization) _____
Timeliness of Performance _____
Overall Project Planning and Support (includes Business Relations _____
Technical Competence and Innovation _____

Has the contractor notified the WAM of possible cost overruns or contract issues requiring immediate attention? YES_____ NO _____ N/A_____
If yes/no please explain:

Is overall performance for the period satisfactory or unsatisfactory? YES_____ NO____
If no please explain:

[ ] No exceptions are made to the invoiced amount of $_____for the work assignment and period of performance referenced above.
[ ] Exception is made to the invoiced amount. Exceptions are listed below, or attached if more room is needed.

Reason for Exception/Additional Comments:

WAM Signature: _____ DATE: