



## Capital Invoice Electronic Signature Approval Procedure

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### Purpose:

Use this procedure to route and obtain required electronic signature for invoice processing. This procedure describes the steps required to obtain the approval signature while maintaining internal control.

### Procedure:

1. Vendors are asked to send all invoices and statements electronically to [CapAcctg@esuhsd.org](mailto:CapAcctg@esuhsd.org)
  - A. Invoice must include the following or it will be rejected and sent back to the Vendor:
    - i. Purchase Order Number
    - ii. Project Site, Name and Code
    - iii. Scope of work and description, if they are material goods; quantity and amount delivered must be included
    - iv. Person who completed the services (for services invoice only)
    - v. Contract billing format and financial contract summary is stated

\*\*Sample of types of invoices are included in **Exhibit B** and can be located on the website: [link](#)
2. Invoices are loaded in Adobe Sign.
  - Responsible Person: Capital Accounting Technician
  - Responsible Person's Alternate: Capital Budget Manager
  - A. Go to [Adobe Sign](#). Login with your assigned Username and Password.
  - B. Depending on the type of invoice, a **Form 003XX – Capital Project Invoice Checklist** is placed in front of the invoice before loading the document into Adobe Sign. Updated forms are located in [Box](#).
    - i. Form 003 must be completed with the following information:
      - a. Site Name
      - b. Project Name
      - c. Project Code
      - d. Purchase Order Number
      - e. Vendor Name
      - f. Invoice #
      - g. Invoice Date
      - h. Invoice Amount
  - C. Signature Routing – is determined by the type of invoice or payment application. Form 003 identifies the routing order. Forms are attached in **Exhibit D**. Capital Accounting Representative must determine the Inspector of Record and the Construction Manager on the project. Directory is located in [Box](#).



## Capital Invoice Electronic Signature Approval Procedure

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### 3. Invoice Approval – Electronic Signature

- A. Capital Accounting Department signs in the assigned area (Action required).
  - i. Signature confirms:
    - a. Invoice/payment application and all required content from the FCMAT audit has been included. Item # 1 A (listed above).
    - b. The purchase order balance matches invoice financial summary in MUNIS.
    - c. All required documents are attached.
- B. DSA Project Inspector – If Applicable
  - i. Signature confirms work has been completed or is in progress as of this billing period, deliverables have been received
- C. Construction/Project Manager Approval
  - i. Confirms all work is complete or progress billing is in alignment with work performed
  - ii. Confirms contract billing form and financial summary is correct.
  - iii. DSA project inspector has reviewed and signed off on this invoice.
- D. District Senior Project Manager Approval
  - i. Is in agreement with Construction Manager's Recommendation for payment
- E. Senior Manager of the Bond Program Approval
  - i. Signs actual invoice to release funds for payment
- F. Capital Budget Manager
  - i. Signs actual invoices to verify the release of funds for payment

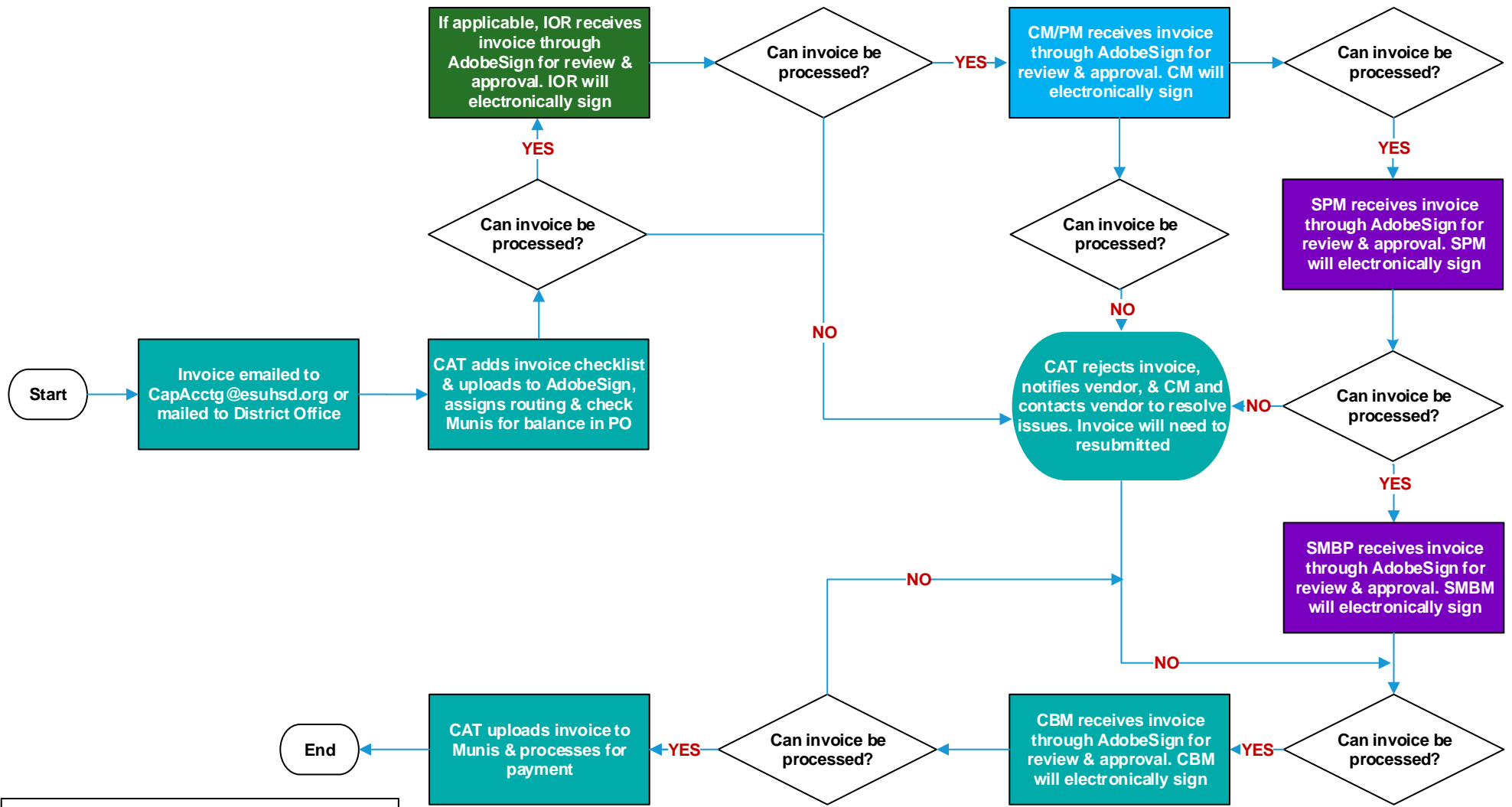
### 4. Payment Process

- A. Capital Accounting
  - i. Invoice is downloaded and printed from Adobe Sign
  - ii. Invoice is uploaded and entered for payment in MUNIS for payment processing

**End of Document**



# General Invoice



### LEGEND

- Construction/Project Manager
- Capital Planning & Development
- Capital Accounting
- Inspector of Record

### PARTICIPANTS

- |                                           |                                      |
|-------------------------------------------|--------------------------------------|
| CAT - Capital Accounting Tech             | CM/PM - Construction/Project Manager |
| CBM - Capital Budget Manager              | IOR - Project Manager                |
| SMBP - Senior Manager of the Bond Program | SPM - Senior Project Manager         |

### Your Organization

Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Phone: 555-555-5555  
Fax: 555-555-5555  
E-mail: someone@example.com

# Invoice A/E

Your Invoice #  
Date: xx/xx/xxxx

**Bill To:**

**EAST SIDE UNION HIGH SCHOOL DISTRICT**  
**ATTN: CAPITAL ACCOUNTING DEPARTMENT**  
**SEND TO: CapAcctg@esuhsd.org**  
**830 NORTH CAPITOL AVE.**  
**SAN JOSE, CA 95133**

**For: (JOB DESCRIPTION)**

- 1. Service description
- 2. PO number
- 3. Project number
- 4. Project Name & Description

PHASE	CONTRACT AMOUNT	% OF TOTAL CONTRACT	PREVIOUSLY BILLED	THIS INVOICE	REMAINING	% COMPLETE
Schematic Design		15 %				
Design Development		15 %				
Construction Documents		35 %				
Bidding		3 %				
Construction Administration		22 %				
DSA 6 A/E Submittal		4 %				
100% Closeout		3 %				
DSA Cert Letter		3 %				
Totals:		100%				

**FINANCIAL CONTRACT SUMMARY**

ORIGINAL CONTRACT AMOUNT           \$XXXXXX  
 APPROVED CHANGE ORDER AMOUNT   \$XXXXXX  
 INVOICED AMOUNT BILLED TO DATE   \$XXXXXX  
**TOTAL REMAINING BALANCE           \$XXXXXX**



Make all checks payable to: **Your Organization**



### Your Organization

Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Phone: 555-555-5555  
Fax: 555-555-5555

# Invoice CM

Your Invoice #  
Date: xx/xx/xxx

**Bill To:**

EAST SIDE UNION HIGH SCHOOL DISTRICT  
ATTN: CAPITAL ACCOUNTING DEPARTMENT  
SEND TO: CapAcctg@esuhsd.org  
830 NORTH CAPITOL AVE.  
SAN JOSE, CA 95133

**For: (JOB DESCRIPTION)**

- 1. Service description
- 2. PO number
- 3. Project number
- 4. Project Name & Description

PHASE	CONTRACT AMOUNT	% OF TOTAL CONTRACT	PREVIOUSLY BILLED	THIS INVOICE	REMAINING	% COMPLETE
Pre-Construction						
Construction Phase						
Closeout Phase						
3% DSA Cert Letter Retention		3%				
<b>Totals:</b>		100%				

**FINANCIAL CONTRACT SUMMARY**

ORIGINAL CONTRACT AMOUNT           \$XXXXXX  
 APPROVED CHANGE ORDER AMOUNT   \$XXXXXX  
 INVOICED AMOUNT BILLED TO DATE   \$XXXXXX  
**TOTAL REMAINING BALANCE           \$XXXXXX**



Make all checks payable to: **Your Organization**



# Invoice IOR

## Your Organization

Primary Business Address  
 Your Address Line 2  
 Your Address Line 3  
 Your Address Line 4

Phone: 555-555-5555  
 Fax: 555-555-5555  
 E-mail: someone@example.com

**Invoice #**  
**Date: xx/xx/xxxx**

**Bill To:**

**EAST SIDE UNION HIGH SCHOOL DISTRICT**  
**ATTN: CAPITAL ACCOUNTING DEPARTMENT**  
**SEND TO: CapAcctg@esuhsd.org**  
**830 NORTH CAPITOL AVE.**  
**SAN JOSE, CA 95133**

**For: (JOB DESCRIPTION)**

- 1. Service description
- 2. PO number
- 3. Project number
- 4. Project Name & Description

DESCRIPTION	DATE	HOURS	RATE	AMOUNT
1. Name of Person who performed services 2. Final Verified Report				
<b>SAMPLE</b>				
<b>TOTAL</b>				

**FINANCIAL CONTRACT SUMMARY**

ORIGINAL CONTRACT AMOUNT	\$XXXXXX
APPROVED CHANGE ORDER AMOUNT	\$XXXXXX
INVOICED AMOUNT BILLED TO DATE	\$XXXXXX
<b>TOTAL REMAINING BALANCE</b>	\$XXXXXX

Make all checks payable to: **Your Organization**

Thank you for your business!



# Invoice

## Your Organization

Primary Business Address  
Your Address Line 2  
Your Address Line 3  
Your Address Line 4

Phone: 555-555-5555  
Fax: 555-555-5555

Invoice #  
Date: xx/xx/xxxx

**Bill To:**

**EAST SIDE UNION HIGH SCHOOL DISTRICT**  
**ATTN: CAPITAL ACCOUNTING DEPARTMENT**  
**SEND TO: CapAcctg@esuhsd.org**  
**830 NORTH CAPITOL AVE.**  
**SAN JOSE, CA 95133**

**For: (JOB DESCRIPTION)**

- 1. Service description
- 2. PO number
- 3. Project number
- 4. Project Name & Description

DESCRIPTION	DATE	HOURS	RATE	AMOUNT
1. Name of Person who performed services 2. Type of Services 3. Any Reports				
<b>SAMPLE</b>				
<b>TOTAL</b>				

**FINANCIAL CONTRACT SUMMARY**

ORIGINAL CONTRACT AMOUNT	\$XXXXXX
APPROVED CHANGE ORDER AMOUNT	\$XXXXXX
INVOICED AMOUNT BILLED TO DATE	\$XXXXXX
<b>TOTAL REMAINING BALANCE</b>	\$XXXXXX

Make all checks payable to: **Your Organization**

Thank you for your business!

Your Organization

Invoice GEO/TI

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4

Phone: 555-555-5555
Fax: 555-555-5555

Invoice #
Date: xx/xx/xxxx

Bill To:

For: (JOB DESCRIPTION)

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

- 1. Service description
2. PO number
3. Project number
4. Project Name & Description

Table with 5 columns: DESCRIPTION, DATE, HOURS, RATE, AMOUNT. Includes a large 'SAMPLE' watermark and a 'TOTAL' row at the bottom right.

FINANCIAL CONTRACT SUMMARY

Table with 2 columns: Description (ORIGINAL CONTRACT AMOUNT, APPROVED CHANGE ORDER AMOUNT, INVOICED AMOUNT BILLED TO DATE, TOTAL REMAINING BALANCE) and Amount (\$XXXXXX).

Make all checks payable to: Your Organization

Thank you for your business!

**Capital Project Invoice Check List**

Site Name:	Contract Approval/Ratified Date:
Project Name:	
Project Code:	Purchase Order #:
Vendor Name:	
Invoice #:	Invoice Date:
Invoice Amount: \$	

**1. Capital Accounting Department - Action Required**  
**Budget & Sufficient Fund Review**

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**2. Construction Manager - Action Required**

- a. Confirm Invoice is complete (**this invoice should include: service dates, hours worked, location, tasks, staff/sub consultants**)
- b. Confirm contract billing format and financial summary is correct

**Construction Manager Approval**

Construction Manager confirms all work is complete or progress billing is in alignment with work performed.

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**3. Construction, Bond Program - Action Required**  
**Senior Project Manager**

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

**Senior Manager of the Bond Program**

Senior Manager signs actual invoice - external auditor requirement - to release funds for payment.

**East Side Union High School District****003 GC****Capital Project Invoice Check List (GC Contracts < \$25,000)**

Site Name:	Contract Approval/Ratified Date:
Project Name:	
Project Code:	Purchase Order #:
Vendor Name:	
Invoice #:	Invoice Date:
Invoice Amount: \$	

**1. Capital Accounting Department - Action Required****Budget & Sufficient Fund Review**

- a. Confirm invoice is complete (**invoice should include: service dates, hours worked, location, tasks, staff/sub consultants**)
- b. Confirm contract billing format and financial summary is correct
- c. May include conditional/unconditional waivers

**2. Construction Manager - Action Required****Construction Manager Approval**

Construction Manager confirms all work is complete or progress billing is in alignment with work performed.

**3. Construction, Bond Program - Action Required****Senior Project Manager**

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

**Senior Manager of the Bond Program**

Senior Manager signs actual invoice - external auditor requirement - to release funds for payment.

**East Side Union High School District**

**Capital Project Invoice Check List**

Site Name:	Contract Approval/Ratified Date:
Project Name:	
Project Code:	Purchase Order #:
Vendor Name:	
Invoice #:	Invoice Date:
Invoice Amount: \$	

**1. Capital Accounting Department - Action Required**  
**Budget & Sufficient Fund Review**

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**2. Construction Manager - Action Required**

- a. Confirm Invoice is complete (This Invoice should include: service dates, hours worked, location, tasks, staff/sub consultants).
- b. Confirm contract billing format and financial summary is correct

**Construction Manager Approval**

Construction Manager confirms all work is complete or progress billing is in alignment with work performed.

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**3. Construction, Bond Program - Action Required**

**Senior Project Manager**

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

**Senior Manager of the Bond Program**

Senior Manager signs actual invoice - external auditor requirement - to release funds for payment.

**East Side Union High School District****003 CM****Capital Project Invoice Check List**

Site Name:	Contract Approval/Ratified Date:
Project Name:	
Project Code:	Purchase Order #:
Vendor Name:	
Invoice #:	Invoice Date:
Invoice Amount: \$	

**1. Capital Accounting Department - Action Required**  
**Budget & Sufficient Fund Review**

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**3. Construction, Bond Program - Action Required**

**Senior Project Manager**

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

**Senior Manager of the Bond Program**

Senior Manager signs actual invoice - external auditor requirement - to release funds for payment.

**East Side Union High School District****003 GEO/TI****Capital Project Invoice Check List**

<b>Site Name:</b>	<b>Contract Approval/Ratified Date:</b>
<b>Project Name:</b>	
<b>Project Code:</b>	<b>Purchase Order #:</b>
<b>Vendor Name:</b>	
<b>Invoice #:</b>	<b>Invoice Date:</b>
<b>Invoice Amount: \$</b>	

**1. Capital Accounting Department - Action Required**  
**Budget & Sufficient Fund Review**

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**2. Action Required**

- a. Confirm Invoice is complete (**invoice should include: service dates, hours worked, location, tasks, staff/sub consultants**)
- b. Confirm contract billing format and financial summary is correct
- c. Confirm DSA Project Inspector sign off

**Project Inspector Approval**

Project Inspector shall review Geo-Tech & Testing Lab Invoices Only (Project Inspector confirms work has been completed or is in progress as of this billing period, deliverables have been received).

**Construction Manager Approval**

Construction Manager confirms (1) all work is complete or progress billing is in alignment with work performed and (2) DSA Project Inspector has reviewed and signed off on this invoice (if applicable).

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**3. Construction, Bond Program - Action Required**

**Senior Project Manager**

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

**Senior Manager of the Bond Program**

Senior Manager signs actual invoice - external auditor requirement - to release funds for payment.

**East Side Union High School District****003 FFE****Capital Project Furniture, Fixtures & Equipment Invoice Check List**

Site Name:	Contract Approval/Ratified Date:
Project Name:	
Project Code:	Purchase Order #:
Vendor Name:	
Invoice #:	Invoice Date:
Invoice Amount: \$	

**1. Capital Accounting Department - Action Required****Budget & Sufficient Fund Review****2. Construction Manager - Action Required**

- a. Confirm Invoice is complete
- b. Confirm amount billed is in alignment with the purchase order (check quantity and price)
- c. Confirm all items have been received

**Construction Manager Approval****3. Construction, Bond Program - Action Required****Senior Project Manager**

Senior Project Manager is in agreement with Construction Manager's recommendation for payment.

**Senior Manager of the Bond Program**

Senior Manager signs actual invoice - external auditor requirement - to release funds for payment.



East Side Union High School District

003 IT

Technology Projects Invoice Check List

Supplies / Equipment	Licenses	Public Works	Others
Site Name:		Contract Approval/Ratified Date:	
Project Name:			
Project Code:		Purchase Order #:	
Vendor Name:			
Invoice #:		Invoice Date:	
Invoice Amount: \$			

1. Capital Accounting - Action Required

- a. Budget & Sufficient Fund Review
- b. Confirm contract billing format and financial summary is correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Information Technology Department - Action Required

- a. Verify invoice belongs to Information Technology Department
- b. Confirm invoice is complete
- c. Confirm services are completed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Information Technology Department - Action Required

Information Technology Manager or Chief Technology Officer Approval

IT Manager or Chief Technology Officer confirms all services have been completed and signs actual invoice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_