



Vendor Invoice

Please email completed form to: DOT.AeroContracts@illinois.gov

1. Payment Type and Required Documentation

- Progress (Pay Vendor)
Invoice
OR
Reimbursement (Reimburse Vendor)
Canceled Check
Invoice
FAA Checklist
OR
Cost Incurred (Pay Sponsor for Consultant Invoice)
Cost Incurred (Credit Sponsor)

2. Project Phase

- Preliminary A & SD
Design
Construction
Planning/Special Services
Land Acquisition
Local Let
Other
Other Details

Consultant

3. Invoice Payment Status

- Partial
Final
Release Retainage (Aero Use Only)

Invoice Number Date

4. Vendor Name

Vendor Name input field

6. Airport

Airport input field

5. Address

Address input field

City

City input field

State

State input field

Zip Code

Zip Code input field

7. IL Project Number

IL Project Number input field

8. NTP Date

NTP Date input field

9. Agency Agreement Date

Agency Agreement Date input field

10. Service Dates (from Invoice):

From

From input field

To

To input field

11. Total Invoice Amount

(enter sum of Invoice Amount)

Total Invoice Amount input field

12. Project Description (from APMS)

Project Description input field

Vendor Signature & Date

Vendor Signature & Date input field

Vendor Printed Name

Vendor Printed Name input field

Vendor Printed Title

Vendor Printed Title input field

By signing this report (or payment request), I certify to the best of my knowledge and belief that the report (or payment request) is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal and State award.

(For IDA Engineering Use Only)

APMS Line Item Number(s) APMS Line Item Total Total Approved Payment APMS Project Status Report Must be Attached

APMS Line Item Number(s) APMS Line Item Total Total Approved Payment input fields

Comments

Comments input field

Engineering Review Signature & Date

Engineering Review Signature & Date input field

Engineering Approval Signature & Date

Engineering Approval Signature & Date input field

Engineering Approval Printed Name

Engineering Approval Printed Name input field

(For IDA Contracts Use Only): AE=50, BRESP-5010, Subr=0000, E Object=

Approved Payment Amount 10% Held Amount Payable

Federal Share % Federal Approved Credit Approved Comments input fields

State Share % State Approved Comments input fields

Local Share % Local Approved Comments input fields

Total F/L Share of Payment Total State Share of Payment Federal Grant Number Obligation Number FL Appropriation State Appropriation input fields

Grant Reconciliation Spreadsheet

Contract Section Review Signature & Date

Contract Section Review Signature & Date input field

Contract Section Approval Signature & Date

Contract Section Approval Signature & Date input field

Contract Section Approval Printed Name

Contract Section Approval Printed Name input field

## Instructions for AER 1961

(To be completed by Vendor)

Email to: [DOT.AEROCONTRACTS@ILLINOIS.GOV](mailto:DOT.AEROCONTRACTS@ILLINOIS.GOV)

**Please Consider Direct Deposit: Illinois Office of Comptroller Direct Deposit Sign Up (217) 557-0930**

Please Use Naming File Format: 4-digit State Project Number, Payment Type, Services, Amount

**Example: 1234-Reimbursement-Engineering-Design-\$12,345.00**

Scan Files as One Completed Package, Single Sided

1. Please Submit AER 1961 to the Division of Aeronautics for one of the Following Payment Type:
  - a. Progress Payment (Reimburse Consultant Directly Identified as Vendor via APMS Project Status Report by means of Agency Agreement).
  - b. Reimburse Sponsor for Previous Payments Made.
  - c. Cost-Incurred (Reimburse Sponsor for Costs Incurred Services Supported by Consultant Invoice). Sponsor Reimburses Consultant.
  - d. Cost-Incurred (Credit to Sponsor).
2. Project Phase: Please Identify Reason for Request:
  - a. Professional Services (Preliminary A & SD, Design, Construction, Planning/Special Services).
  - b. Land Reimbursement (Land Acquisition).
  - c. Local Procurement, I.e., Professional Services and Construction (Local Let).
  - d. Other... Please Specify.
3. Invoice Payment Status: Please Identify Invoice Payment Status, Invoice Number, and Date
  - a. Invoice is for a Partial Payment
  - b. Invoice is for a Final Payment
  - c. Release Retainage - For Aero Use Only
4. Vendor Must Identify Payee as Designated on Project Status Report (Included in Agency Agreement).
5. Vendor Must Identify Current Address Funds to be Mailed/Deposited.
6. Vendor Must Identify Airport per APMS Project Status Report.
7. Vendor Must Identify Illinois Project Number per APMS Project Status Report.
8. Vendor Must Identify Notice to Proceed Date via IDOT Program Letter or Sponsor NTP Letter (w/copy to Aeronautics).
9. Vendor Must Identify Agency Agreement Date.
10. Vendor Must Identify Applicable Service Dates from Corresponding Invoice. Starting Services Date must not precede Applicable Retainer Agreement Executed Date.
11. Vendor Must Identify Total Invoice Amount Requested.
12. Vendor Must Provide Project Description per APMS Project Status Report.
13. Vendor Must Sign and Date AER 1961 as Certification the Information Provided is Complete and Accurate. In addition, the Services/Labor/Equipment has been Completed/Procured and is Acceptable/Correct to the Best of Knowledge.
14. Consultant Box: Please Add Name of Consultant to Receive Processed Copy of Invoice.