



**BUREAU OF ADMINISTRATION
OFFICE OF THE STATE ENGINEER**

Joe Foss Building
523 East Capitol Avenue
Pierre, South Dakota 57501-3182
Phone: 605.773.3466
Fax: 605.773.5980

<http://boa.sd.gov/divisions/engineer/>

These instructions are for AE contract work payment requests ONLY!

AE PAYMENT REQUEST INSTRUCTIONS

All pay requests for A/E contract work must be entered on a South Dakota State VOUCHER form (whether paper or electronic) when you request payment for work done through our office.

If you wish to complete a traditional pay application using the carbon copy VOUCHER form, please contact our office for the forms at the address above.

If you wish to complete the electronic pay application VOUCHER form, first refer to the example and then save the electronic VOUCHER file on your computer or print it out. Then fill in your voucher information using the example as a guide.

Enter your name and address in the section marked (Payee). Enter your Federal Tax ID number above your name in the Vendor Number square. If applicable, enter your company's invoice number in the Invoice No. square. Enter the Project Name and OSE Project Number exactly as found on your contract. The town is the location of the project and the institution can be filled in if applicable.

Enter the estimate number on the line provided. Pay requests must be kept separate for each contract you have on a project. Identify vouchers by their estimate number such as #3 Survey or #2 F Study. If this is final payment for the work, please mark as such (#3F). The "F" stands for final voucher on a contract.

Enter the Amount Due, Previous Estimates and Total Estimate to Date as calculated. On the electronic form, the Total Estimate to Date will automatically calculate but please verify with your records for accuracy. Sign and date the voucher on the line marked **(CLAIMANT)**.

Your attachments to your VOUCHER form will depend on your contract. You need to send in the original VOUCHER form along with 2 copies of it. Also, send the original invoice along with 2 copies of that invoice and any other supporting documentation for items not contained in your A/E contract or when working under any other forms of contract.

Mail completed VOUCHER form and attachments to the Office of the State Engineer at the address above.

X
Do not use this space

State of South Dakota VOUCHER

			APPROVAL OFFICE ONLY	
Application Area	Invoice No. Your Number	Vendor Number Fed Tax ID	Voucher Number	Date
Date	Purchase Order ID	Document ID	Delivery Date	Payment Due Date

S T A P P L E	TO: Vendor Name Street Address or PO City State Zip	(Payee) FROM: (Department, Billing Agency) OFFICE OF THE STATE ENGINEER JOE FOSS BUILDING 523 EAST CAPITOL PIERRE, SD 57501-3182
---------------------------------	---	--

FUNDING INFORMATION										Debit/Credit	INVOICES	Dr.	Cr.	U C S O E D R E
S E Q	Company	Account		Center		Project		Amount	Code					
		Required	User	Required	User	Company	Number							
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
Total														

Description of Service, Product or Transfer	
<p>PROJECT LOCATION Town</p> <p>CAMPUS Institution</p> <p>PROJECT NAME (from your contract) Project Name</p> <p>OSE NUMBER - (from your contract) OSE Project Number</p> <p>ESTIMATE No. (consecutive) (Mark "FINAL" on last one)</p> <p>Total estimate to date (sum of all vouchers on this contract including this one)</p> <p>Less previous estimates (sum of previous vouchers)</p> <p>Amount due (amount due this voucher)</p>	
Total	(Amount Due)

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.
 I further agree to comply with the provision of the Civil Rights Act of 1964 and regulations issued thereunder relating to nondiscrimination in Federally assisted programs.

SIGN AS CLAIMANT	DATE		
Claimant	Date	Authorization	Date