



**DEPARTMENT OF THE NAVY**  
NAVAL FACILITIES ENGINEERING COMMAND  
WASHINGTON NAVY YARD  
1322 PATTERSON AVENUE SE SUITE 1000  
WASHINGTON, DC 20374-5065

IN REPLY REFER TO  
ACQ/ASP  
23 JAN 2000

MEMORANDUM FOR NAVFAC ACQUISITION PERSONNEL

Subj: REVISED CONTRACTOR'S INVOICE AND PROMPT PAY CERTIFICATION FORM  
(CONSTRUCTION AND ARCHITECT ENGINEER) (01-01)

Encl: (1) NAVFAC Form 7300/30, Contractor's Invoice, Rev 11/00  
(2) NAVFAC Form 7300/31, Contract Performance Statement, Rev 11/00

1. Recently NAVFAC contracting offices have been experiencing problems with DFAS refusing to process invoices. The problem centered on invoices submitted to DFAS on construction and A/E contracts. A complete review of NAVFAC Form 7300/30, Contractor's Invoice and NAVFAC Form 7300/31, Contract Performance Statement has resulted in revision to both forms. The revised forms now fully comply with FAR and DFAS Bill Paying Manuals requirements.
2. Enclosures (1) and (2) are forwarded for immediate use and have been incorporated in the P-68 On-line. The data driven invoice form in FOCAS will be modified to include these changes and will be included in the next upgrade release to the program. Electronic forms may also be found on the NAVFAC Intranet.
3. Any questions may be directed to Ms. Angela Naill at (202) 685-9148 or Ms. Debbie O'Rourke at (202) 685-9147.

A handwritten signature in black ink, appearing to read "M. F. Howard".

MICHAEL F. HOWARD  
Director, Acquisition Strategic Programs/  
Community Management

**NAVAL FACILITIES ENGINEERING COMMAND  
CONTRACTOR'S INVOICE**

From \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice Date \_\_\_\_\_  
Invoice Number \_\_\_\_\_

POC/Telephone/email for this invoice: \_\_\_\_\_

To: NAVFACENGCOM: \_\_\_\_\_  
Contract Specialist: \_\_\_\_\_

**1. Below is a Statement of Performance under Contract** \_\_\_\_\_ **TO/DO#** \_\_\_\_\_  
**for** \_\_\_\_\_ **at** \_\_\_\_\_

The enclosure provides breakdown of this statement of performance.

- A. Total value of contract/task (delivery) order through change \_\_\_\_\_ \$ \_\_\_\_\_
- B. Percentage of performance complete \_\_\_\_\_ % \_\_\_\_\_
- C. Value of completed performance \_\_\_\_\_ \$ \_\_\_\_\_
- D. Less total of prior payments \_\_\_\_\_ \$ \_\_\_\_\_
- E. Amount of this invoice \_\_\_\_\_ \$ \_\_\_\_\_

Signature and Title: \_\_\_\_\_  
Signature of Authorized Representative (please use blue ink)

**FIRST ENDORSEMENT**

From: NAVFACENGCOM, \_\_\_\_\_  
Via: \_\_\_\_\_  
To: \_\_\_\_\_

1. Payment is recommended as follows:
- A. Amount of work completed to (date) \_\_\_\_\_ \$ \_\_\_\_\_
  - B. Less:
    - Retention \$ \_\_\_\_\_
    - Other Deductions \$ \_\_\_\_\_
  - C. Subtotal \_\_\_\_\_ \$ \_\_\_\_\_
  - D. Less previous payments \_\_\_\_\_ \$ \_\_\_\_\_
  - E. Certified amount for payment # \_\_\_\_\_ on TO/DO # \_\_\_\_\_ \$ \_\_\_\_\_
  - F. Elapsed contract time \_\_\_\_\_ % (if applicable)

2. Prompt Payment Certification
- A. Responsible Certifying UIC \_\_\_\_\_
  - B. Invoice Receipt Date \_\_\_\_\_
  - C. Material/Services Receipt Date \_\_\_\_\_
  - D. Material/Services Acceptance Date \_\_\_\_\_
  - E. Date forwarded to paying office \_\_\_\_\_
  - F. The services billed for on this invoice are hereby approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Authorized Representative (please use blue ink)

3 I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Authorized Representative (please use blue ink)

Name and Title (typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

**LINE(S) OF ACCOUNTING TO BE USED FOR THIS INVOICE (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc)**

