

**OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION (OTIC)**  
**PROFESSIONAL SERVICES**  
**METHOD OF COMPENSATION – HOURLY BILLING**  
**FY 2023 SUMMARY (EFFECTIVE 2/1/23)**

**Firms shall refer to the executed Contract for Terms, Contract Fees, and Payment.**

**Form of Billing Rate Submittal:**

Prior to working on any project, the Firm shall submit the actual hourly rate and job classification for each individual expected to work on the project, including resumes. A single staff list may NOT be utilized for multiple project assignments. The Billing Rate Submittal shall be in the following format:

Employee Name	Title/Job Description	OTIC Classification	OTIC Billing Rate Cap	Actual Hourly Rate	Calculated Billing Rate RT	Approved Billing Rate RT	Calculated Billing Rate OT	Approved Billing Rate OT
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The submittal shall include the project number, effective date, overhead rate, and formulas used for each rate calculation, including the associated overtime premiums for FICA, Medicare, FUTA, SUI, and Workers Compensation as well as backup documentation justifying such costs. Prior to the assignment of new personnel to a project, their actual hourly rates and resumes shall be submitted for approval by the OTIC.

For overtime hourly billings for staff who are compensated at a premium rate for work in excess of 40 hours in a week and work on OTIC projects in excess of 40 hours in a week, the overtime hourly billing rate will be based upon the regular hourly billing rate plus 50% of the actual direct labor cost, on an hourly basis, plus the associated FICA, Medicare, FUTA, SUI, and Workers Compensation costs. The associated costs shall be itemized and clearly noted on the Billing Rate Submittal and backup provided for such costs.

**Position Billing Rate Caps:**

Utilizing salary survey data from Ohio engineering companies along with past years' hourly billing rate data, the OTIC has established a policy of placing a maximum cap on compensation for each respective position. The goal of this policy is to encourage firms to utilize less senior staff that has the level of experience required for the type of services being provided.

**The Position Billing Rate Caps are attached.**

**Project Invoicing:**

The OTIC will not approve for payment any invoices, which include staff not authorized to work on the project. Invoices shall be provided in a format acceptable to the OTIC and include supporting documentation for hours billed and expenses being charged. The cover sheet of all invoices shall include the authorized contract amount, the amount billed to date, and the authorized contract amount remaining. In addition, the cover sheet of the invoice shall tabulate the amount billed for each subconsultant, including all OTIC certified SBE, MBE, DBE and/or EDGE subconsultants. All OTIC certified SBE, MBE, DBE and/or EDGE firms shall be clearly designated in the tabulation, including the Prime Consultant.

**Please reference the respective Contract terms for specific mileage reimbursement information. The approved mileage reimbursement charges shall not exceed \$49.00 per day per vehicle. The Certified Mileage Submittal and Certified Mileage Log shall be prepared and submitted on the attached forms. For Contracts which specify reimbursement at a daily flat rate, the daily flat rate shall be \$49.00 per day per vehicle, with documentation.**

Company:	ABC Consulting Engineers
Project No.:	71-19-01/43-19-05

\* Mileage Reimbursement Rate shall be the rate the Engineer reimburses its employees, up to the current IRS allowable rate. Mileage logs shall be completed and maintained daily by all staff working on an OTIC project, and such logs shall be submitted with all invoices as supporting documentation for mileage reimbursement. If mileage logs are not completed daily or submitted with invoices, no reimbursement will be made.

DATE \_\_\_\_\_



COMPANY:	ABC Consulting Engineers	EMPLOYEE'S NAME:	Mary
PROJECT NO.:	71-19-01/43-19-05	MILEAGE REIMBURSEMENT RATE:	\$ 49.00

\*The above information documents the days on which travel using Consultant's vehicles or vehicles of Consultant's employees occurred for services performed under this Contract.

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_