



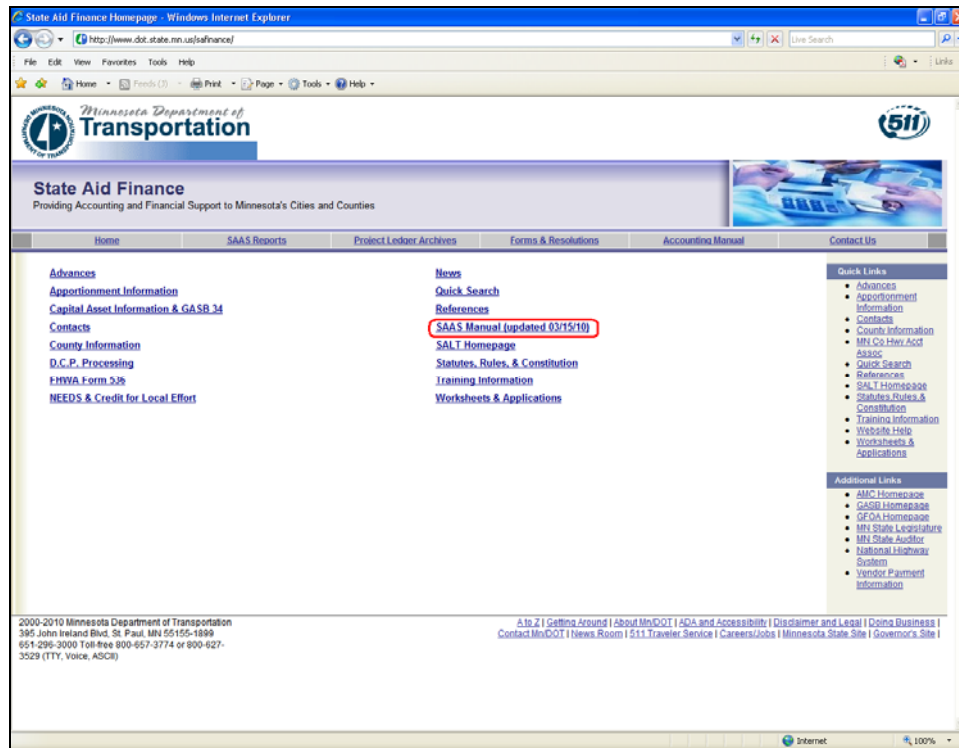
State Aid Accounting System (SAAS)

DCP Payment Request Guide

Revised 03/01/2011

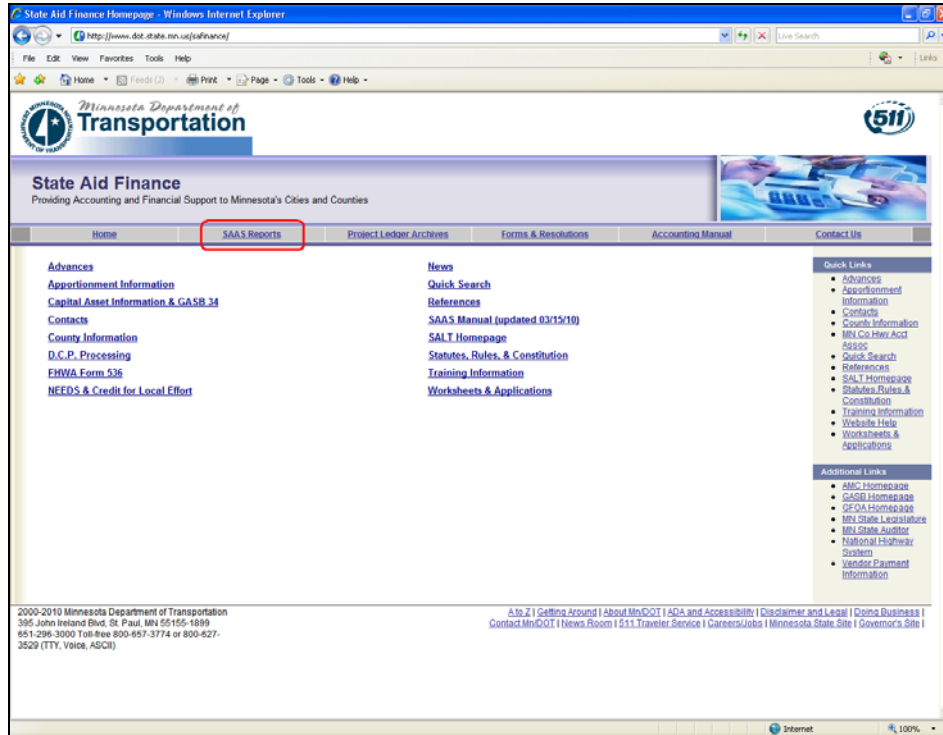
Access the State Aid Accounting System (SAAS) by going to the State Aid Finance Website:

<http://www.dot.state.mn.us/safinance/>

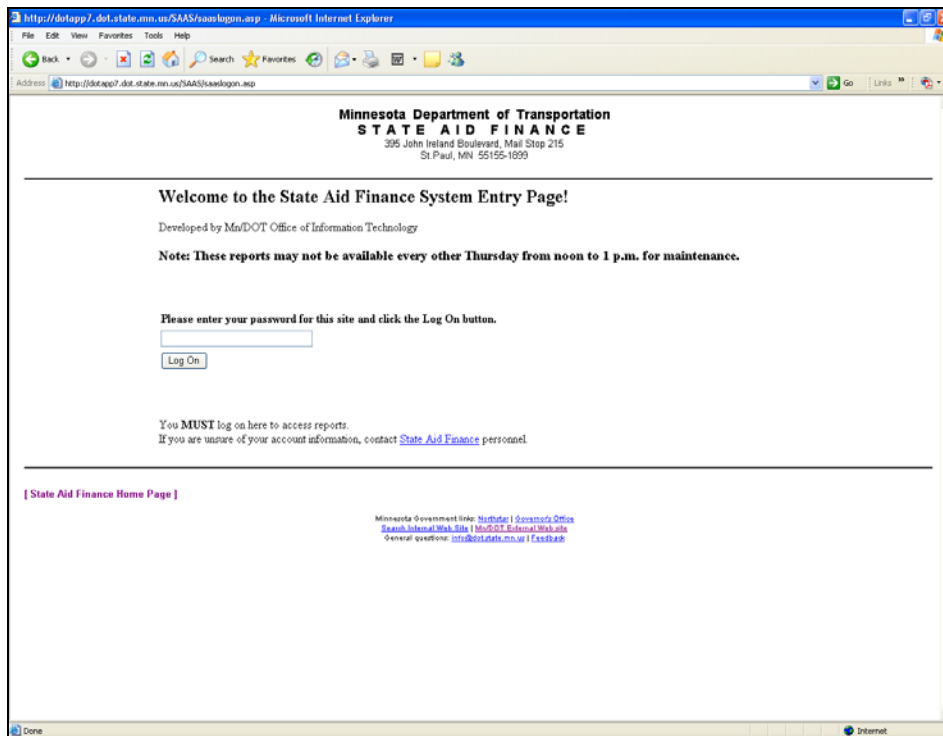


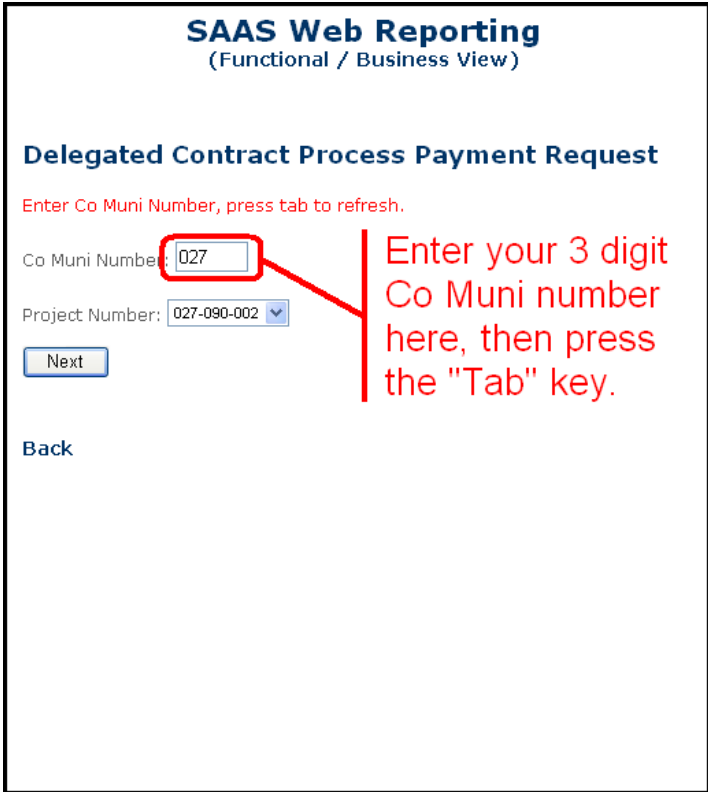
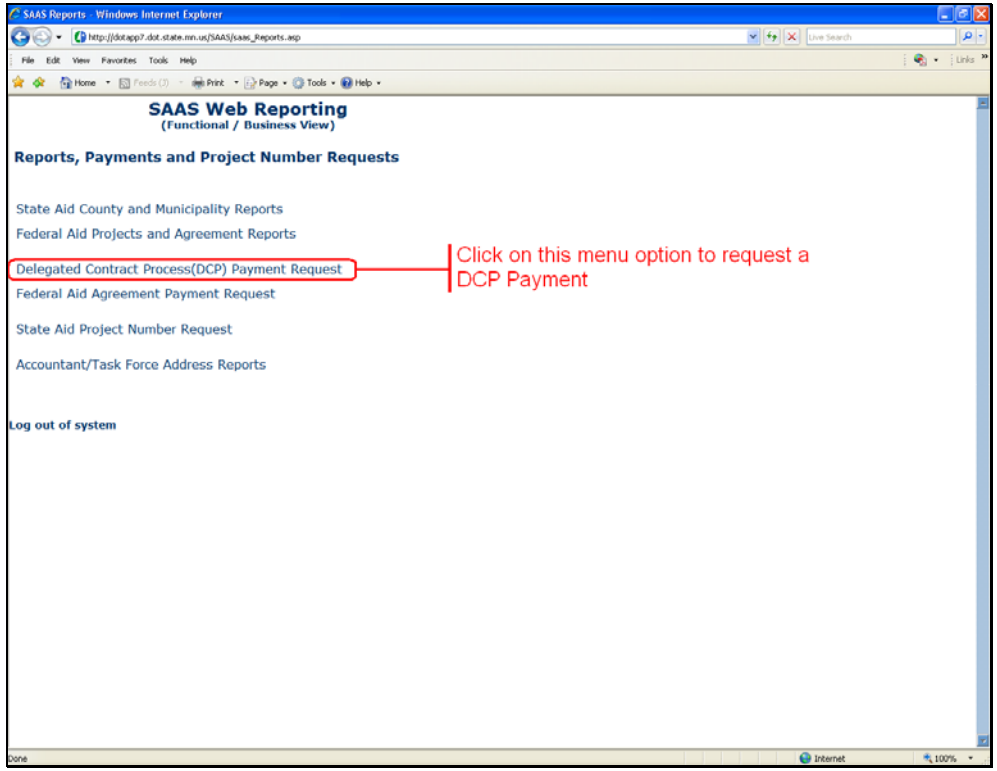
If you have never accessed the SAAS before, the system will automatically download the Crystal Reports ActiveX component. Once the software has been installed, you should be able to access the reports.

Detailed instructions on downloading the ActiveX is available by clicking on the menu option “SAAS Manual”.



Click on “SAAS Reports”. You will be required to type in a password to access the system. If you do not know the password, contact Candy Harding, 651-366-4891, Cindy Degener, 651-366-4850, or Joan Peters 651-366-4886.





SAAS Web Reporting
(Functional / Business View)

Delegated Contract Process Payment Request

Enter Co Muni Number, press tab to refresh.

Co Muni Number:

Project Number: ▼

[Back](#)

[Log out of system](#)

027-090-002

027-090-004

027-090-009

027-090-011

027-090-013

027-595-001

027-601-035

027-603-031

027-603-033

027-603-034

027-603-036

027-605-022

027-619-017

027-661-028

027-661-034

027-666-014

027-673-008

027-701-013

027-716-003

027-753-010

027-753-011

027-753-012

Press the down arrow to view projects. Click on a project to select.

SAAS Web Reporting
(Functional / Business View)

Delegated Contract Process Payment Request

Enter Co Muni Number, press tab to refresh.

Co Muni Number:

Project Number: ▼

[Back](#)

[Log out of system](#)

Click the "Next" button to request the DCP payment

SAAS Web Reporting

Delegated Contract Process Payment Request

Do not use commas or dollar signs.

Project Number: 027-090-004

Prepared By: (First, Last) Phone Number:

Voucher Nbr: (Last Voucher Nbr: 4)

Retainage Percent: OR Retainage Amount:

*Monetary Deductions/(Dis)Incentive Adjustment Amt: Prorated
 *Deductions/(Dis)Incentives, not prorated - adjust appropriate category.

Liquidated Damages Amt: Prorated Non-Prorated

Work Completed Through Date: Final Voucher:

Remarks:

Enter all certified amounts including zero dollars. Do not use commas or dollar signs.

Cat #	Certified To Dt Amt	Previous Certified To Dt Amt	Notes
1	<input type="text"/>	\$282,300.00	
2	<input type="text"/>	\$11,538.00	
Total:	<input type="text"/>	\$293,838.00	

Back **Back to the menu**

Enter Preparer's First and Last Name

Enter Preparer's Phone Number

Enter your next Voucher Number

Last voucher processed by SAF

SAAS Web Reporting

Delegated Contract Process Payment Request

Do not use commas or dollar signs.

Project Number: 027-090-004

Prepared By: (First, Last) Phone Number:

Voucher Nbr: (Last Voucher Nbr: 4)

Retainage Percent: OR Retainage Amount:

*Monetary Deductions/(Dis)Incentive Adjustment Amt: Prorated
 *Deductions/(Dis)Incentives, not prorated - adjust appropriate category.

Liquidated Damages Amt: Prorated Non-Prorated

Work Completed Through Date: Final Voucher:

Remarks:

Enter all certified amounts including zero dollars. Do not use commas or dollar signs.

Cat #	Certified To Dt Amt	Previous Certified To Dt Amt	Notes
1	<input type="text"/>	\$282,300.00	
2	<input type="text"/>	\$11,538.00	
Total:	<input type="text"/>	\$293,838.00	

Back **Back to the menu**

SAAS Web Reporting

Delegated Contract Process Payment Request

Do not use commas or dollar signs.

Project Number: 027-090-004

Prepared By: (First, Last) Phone Number:

Voucher Nbr: (Last Voucher Nbr: 4)

Retainage Percent: OR Retainage Amount:

**Monetary Deductions/(Dis)Incentive Adjustment Amt: Prorated*
**Deductions/(Dis)Incentives, not prorated - adjust appropriate category.*

Liquidated Damages Amt: Prorated Non-Prorated

Work Completed Through Date: , Final Voucher:

Remarks:

Enter all certified amounts including zero dollars. Do not use commas or dollar signs.

Cat #	Certified To Dt Amt	Previous Certified To Dt Amt	Notes
1	<input type="text"/>	\$282,300.00	
2	<input type="text"/>	\$11,538.00	
Total:	<input type="text"/>	\$293,838.00	

Back **Back to the menu**

Enter retainage Percentage or Amount. (Must be blank or zero for Final Request.)

SAAS Web Reporting

Delegated Contract Process Payment Request

Do not use commas or dollar signs.

Project Number: 027-090-004

Prepared By: (First, Last) Phone Number:

Voucher Nbr: (Last Voucher Nbr: 4)

Retainage Percent: OR Retainage Amount:

**Monetary Deductions/(Dis)Incentive Adjustment Amt: Prorated*
**Deductions/(Dis)Incentives, not prorated - adjust appropriate category.*

Liquidated Damages Amt: Prorated Non-Prorated

Work Completed Through Date: , Final Voucher:

Remarks:

Enter all certified amounts including zero dollars. Do not use commas or dollar signs.

Cat #	Certified To Dt Amt	Previous Certified To Dt Amt	Notes
1	<input type="text"/>	\$282,300.00	
2	<input type="text"/>	\$11,538.00	
Total:	<input type="text"/>	\$293,838.00	

Back **Back to the menu**

If applicable, enter the Monetary Deductions/ (Dis)Incentive Adjustment Amount, if this amount is not prorated adjust the appropriate category.

SAAS Web Reporting

Delegated Contract Process Payment Request

Do not use commas or dollar signs.

Project Number: 027-090-004

Prepared By: (First, Last) Phone Number:

Voucher Nbr: (Last Voucher Nbr: 4)

Retainage Percent: OR Retainage Amount:

*Monetary Deductions/(Dis)Incentive Adjustment Amt: Prorated
 *Deductions/(Dis)Incentives, not prorated - adjust appropriate category.

Liquidated Damages Amt: Prorated Non-Prorated

Work Completed Through Date: Final Voucher:

Remarks:

Enter all certified amounts including zero dollars. Do not use commas or dollar signs.

Cat #	Certified To Dt Amt	Previous Certified To Dt Amt	Notes
1	<input type="text"/>	\$282,300.00	
2	<input type="text"/>	\$11,538.00	
Total:	<input type="text"/>	\$293,838.00	

Back **Back to the menu**

If applicable, enter the Liquidated Damages Amt, the amount may be Prorated or Non-Prorated, or both.

SAAS Web Reporting

Delegated Contract Process Payment Request

Do not use commas or dollar signs.

Project Number: 027-090-004

Prepared By: (First, Last) Phone Number:

Voucher Nbr: (Last Voucher Nbr: 4)

Retainage Percent: OR Retainage Amount:

*Monetary Deductions/(Dis)Incentive Adjustment Amt: Prorated
 *Deductions/(Dis)Incentives, not prorated - adjust appropriate category.

Liquidated Damages Amt: Prorated Non-Prorated

Work Completed Through Date: Final Voucher:

Remarks:

Enter all certified amounts including zero dollars. Do not use commas or dollar signs.

Cat #	Certified To Dt Amt	Previous Certified To Dt Amt	Notes
1	<input type="text"/>	\$282,300.00	
2	<input type="text"/>	\$11,538.00	
Total:	<input type="text"/>	\$293,838.00	

Back **Back to the menu**

Enter the Work Completed Through Date using the drop downs. Check the Final Voucher if this a final request.

SAAS Web Reporting

Delegated Contract Process Payment Request

Do not use commas or dollar signs.

Project Number: 027-090-004

Prepared By: (First, Last) Phone Number:

Voucher Nbr: (Last Voucher Nbr: 4)

Retainage Percent: OR Retainage Amount:

*Monetary Deductions/(Dis)Incentive Adjustment Amt: Prorated
**Deductions/(Dis)Incentives, not prorated - adjust appropriate category.*

Liquidated Damages Amt: Prorated Non-Prorated

Work Completed Through Date: Final Voucher:

Remarks:

Enter all certified amounts including zero dollars. Do not use commas or dollar signs.

Cat #	Certified To Dt Amt	Previous Certified To Dt Amt	Notes
1	<input type="text"/>	\$282,300.00	
2	<input type="text"/>	\$11,538.00	
Total:	<input type="text"/>	\$293,838.00	

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Enter remarks you wish to include on the payment request (200 character limit)

SAAS Web Reporting

Delegated Contract Process Payment Request

Do not use commas or dollar signs.

Project Number: 027-090-004

Prepared By: (First, Last) Phone Number:

Voucher Nbr: (Last Voucher Nbr: 4)

Retainage Percent: OR Retainage Amount:

*Monetary Deductions/(Dis)Incentive Adjustment Amt: Prorated
**Deductions/(Dis)Incentives, not prorated - adjust appropriate category.*

Liquidated Damages Amt: Prorated Non-Prorated

Work Completed Through Date: Final Voucher:

Remarks:

Enter all certified amounts including zero dollars. Do not use commas or dollar signs.

Cat #	Certified To Dt Amt	Previous Certified To Dt Amt	Notes
1	<input type="text"/>	\$282,300.00	
2	<input type="text"/>	\$11,538.00	
Total:	<input type="text"/>	\$293,838.00	

Enter Certified to Date Amounts for each category. Total should equal the total certified on your documentation. Click "View Report" when all fields have been entered.

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The following pages show examples of a Partial and Final Payment Request. Sign and send the request along with the supporting documentation as instructed on the Partial or Final Request.

State Aid Finance does not need the additional payment detail report pages that are printed with the Partial or Final request. However, you need to check with your DSAE, he may require the additional pages with your final payment request.

See the [DCP Final Payment Request Sample Packet](#) for guidance in preparing the final submittal packet.

<http://www.dot.state.mn.us/stateaid/ProjDeliv/dcp/FinalPaymentRequestSamplePacket.pdf>

Minnesota Department of Transportation - Office of Finance

Delegated Contract Process Payment Request

County: HENNEPIN Project Type: DCP
 State Aid Project Number: 027-090-014 MAPS Contract Nbr: FF611
 Federal Project Number: 2709 046 Pay Request Nbr: 3
 Local Project Number: Work Certified Through: 08/31/2010

REQUEST FOR PARTIAL PAYMENT OF FEDERAL & BRIDGE BONDING/MISC APPROP FUNDS

This is to certify that the costs for the above contract have been incurred for work performed by the contractor for the total construction costs due based on the information summarized below. I hereby request reimbursement of the following amounts.

Federal: \$ 30,912.09

Remarks:

Work Certified Summary

Retainage Pct: 5.00 Retainage Amt: \$ 60,950.00
 Monetary Deductions/(Dis)/Incentives Adjustment Amt: - Prorated: \$ 0.00 Liquidated Damages - Prorated: \$ 0.00 Not Prorated: \$ 0.00

Cat#	Total Cert Amt
1	\$230,000.00
2	\$155,000.00
3	\$630,000.00
4	\$201,000.00
5	\$33,000.00
	\$1,219,000.00

Approved: James Grube, County Engineer Date: 9/20/2010 Phone: 612-596-0307
 Prepared by: Joe Smith Date: 9/20/2010 Phone: 651-555-5555

Enclosed: Copy of Partial Estimate
 cc: DSAE with Copy of Partial Estimate

Mail to: Minnesota Dept. of Transportation, Office of Finance, 395 John Ireland Blvd, MS 215, St. Paul, MN 55101

Note: OR = Overrun Account
 Report ID: FCRBPaymentRequest v20100603

Minnesota Department of Transportation - Office of Finance

Delegated Contract Process Payment Request

County: HENNEPIN Project Type: DCP
 State Aid Project Number: 027-090-014 MAPS Contract Nbr: FF611
 Federal Project Number: 2709 046 Pay Request Nbr: 3 FINAL
 Local Project Number: Work Certified Through: 08/31/2010

REQUEST FOR FINAL PAYMENT OF FEDERAL & BRIDGE BONDING/MISC APPROP FUNDS

This is to certify that the costs for the above contract have been incurred for work performed by the contractor for the total construction costs due based on the information summarized below. I hereby request reimbursement of the following amounts.

Federal: \$ 78,352.09

Remarks:

Work Certified Summary

Retainage Pct:	0.00	Retainage Amt:	\$ 0.00	Liquidated Damages -	Prorated:	\$ 0.00	Not Prorated:	\$ 0.00
Monetary Deductions/(Dis)incentives Adjustment Amt -	Prorated:	\$ 0.00						
Cat #	Total Cert Amt							
1	\$250,000.00							
2	\$155,000.00							
3	\$530,000.00							
4	\$201,000.00							
5	\$33,000.00							
	\$1,219,000.00							

I hereby certify that wage rates specified in the project contract equal or exceed the minimum hourly rates required for work on federal funded construction projects as determined by the MN Dept of Labor and Industry; materials used in the federal-aid and state funded portions of this project, were sampled and tested in accordance with the Mn/DOT Schedule of Materials Control; inspection on the federal-aid and state funded portions of this project was performed by personnel certified in accordance with state-aid directives; the work required by this contract was completed in accordance with and pursuant to the terms of this contract; and payment and performance bonds for the full amount of the contract have been provided with aggregate liability of the bond(s) to twice the full amount of the contract.

Approved: James Grube, County Engineer Date: Phone: 612-596-0307

Recommended for Approval: District State Aid Engineer Date:

Mail to: District State Aid Engineer

Note: OR = Overrun Account Report ID: FCRBPaymentRequest v20100920

- Required Docs**
- Final Voucher
 - State Aid Payment Request (if applicable)
 - Overrun Justification
 - Materials Certification Exception Summary
 - Final Inspection Report
 - Certificate of Final Acceptance
 - Supplemental Agreements
 - Change Orders