

CONTRACTOR'S REQUEST FOR PAYMENT TRANSMITTAL

CONTRACT NO.	PARTIAL PAYMENT NO.	FINAL PAYMENT <input type="checkbox"/>
PROJECT	REQUISITION NO.	
LOCATION	FOR PERIOD BEGINNING	ENDING

ITEM	AMOUNT	
1. Amount of original contract	\$	
2. Change orders and/or amendments	\$	
3. Total adjusted contract prices	\$	
4. Value of work completed to end of period		\$
5. Value of material stored at the site <i>(Itemize below)</i>		\$
6. Total value of work completed and stored material <i>(Line 4 plus Line 5).</i>		\$
7. Less _____ % retainage		\$
8. Total due contractor thru end of this period		\$
9. Less previous requests		\$
10. Net amount due contractor this payment		\$

MATERIAL STORED AT THE SITE *(See Item 5 above)*

Description	Value

CONTRACTOR'S CERTIFICATION OF PAYMENT

By signing this request for payment, I certify that I have made payment from the proceeds of prior payments, and that I will make timely payment from the proceeds of this payment, of amounts due my subcontractors and suppliers in accordance with my contractual arrangements with them.

SIGNATURE OF CONTRACTOR'S AUTHORIZED REPRESENTATIVE	DATE SIGNED
RECOMMENDED FOR PAYMENT <i>(Signature of EPM, COR, CM or A.E. as appropriate)</i>	DATE SIGNED
CONCUR <i>(Signature of EPM or COR as appropriate)</i>	DATE SIGNED