State of Idaho
DIVISION OF PUBLIC WORKS

GEOTECHNICAL-TESTING SERVICES REQUEST FOR PAYMENT

SUBMIT ONE ORIGINAL

DPW PROJECT NO.

CODE	AMOUNT
SI TC RE	
DATE	

DPW USE ONLY

Name and Location of Project

Name and Address of Geotechnical-Testing Consultant

Request No. | For Period TO

GEOTECHNICAL SERVICES

DESCRIPTION OF ITEM (1)	AGREEMENT AMOUNT (2)	% COMP (3)	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
		NaN %	$ 0.00		
		NaN %	$ 0.00		
		NaN %	$ 0.00		
A. GEOTECHNICAL SERVICES TOTALS	$ 0.00	NaN %	$ 0.00	$ 0.00	$ 0.00

TESTING SERVICES

DESCRIPTION OF ITEM (1)	AGREEMENT AMOUNT (2)	% COMP (3)	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
		NaN %	$ 0.00		
		NaN %	$ 0.00		
		NaN %	$ 0.00		
		NaN %	$ 0.00		
B. TESTING SERVICES TOTALS	$ 0.00	NaN %	$ 0.00	$ 0.00	$ 0.00

REIMBURSABLE EXPENSES

DESCRIPTION OF ITEM (1)	AMOUNT AUTHORIZED (2)	% COMP (3)		PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
		NaN %	$ 0.00		
		NaN %	$ 0.00		
C. REIMBURSABLE EXPENSES TOTALS	$ 0.00	NaN %	$ 0.00	$ 0.00	$ 0.00
D. BASIC + REIMBURSABLE TOTALS	$ 0.00	NaN %	$ 0.00	$ 0.00	$ 0.00

ANALYSIS OF WORK PERFORMED

Amount of Geotechnical Services completed to date (line A4)	$	0.00
Amount of Testing Services completed to date (line B4)	$	0.00
Amount of Reimbursable Expenses to date (line C4)	$	0.00
Total amount of work performed to date (line D4)	$	0.00
Less: Amount of previous payment (line D5)	$	0.00
BALANCE DUE THIS APPLICATION (line D4 minus line D5)	$	0.00

CERTIFICATION OF GEOTECHNICAL-TESTING CONSULTANT

I certify that the foregoing is just and correct and the amount claimed is legally due after showing all just credits.

Requested by Geotechnical-Testing Consultant	**Date**
Recommended by DPW Project Manager (Geotechnical) **Recommended by DPW Field Representative (Testing)**	**Date**
Approved by Senior Project Manager (Geotechnical) **Approved by Senior Field Representative (Testing)**	**Date**

Original: Fiscal Copies to: Consultant, DPW Contract File, DPW PM, DPW FR