State of Idaho
DIVISION OF PUBLIC WORKS

CONSULTANT
REQUEST FOR PAYMENT
SUBMIT ONE ORIGINAL

DPW PROJECT NO.

CODE	AMOUNT	DPW USE ONLY
AE		
RE		
Date		

Name and Location of Project:

Name and Address of Consultant:

Request No. | For Period FROM: TO:

BASIC SERVICES

DESCRIPTION OF ITEM	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		
		NaN%	$ 0.00		
		NaN%	$ 0.00		
		NaN%	$ 0.00		
A. BASIC SERVICES TOTALS	$ 0.00	NaN%	$ 0.00	$ 0.00	$ 0.00

REIMBURSABLE EXPENSES

DESCRIPTION OF ITEM	AGREEMENT AMOUNT (2)		AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
B REIMBURSABLE TOTALS			$ 0.00	$ 0.00	$ 0.00
C. TOTAL BASIC AND REIMBURSABLE	$ 0.00		$ 0.00	$ 0.00	$ 0.00

ANALYSIS OF WORK PERFORMED

Amount of Basic Services completed to date (line A4)..... $ 0.00
Amount of Reimbursable Expenses to date (line B4)..... $ 0.00
Total amount of work performed to date (line C4)..... $ 0.00
Less: Amount of previous payment (line C5)..... $ 0.00
BALANCE DUE THIS APPLICATION (line C4 minus line C5)..... $ 0.00

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

Requested by Consultant	**Date**
Recommended by DPW Project Manager	**Date**
Approved by Senior Project Manager	**Date**

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