



State of Idaho
DIVISION OF PUBLIC WORKS
**CONTRACTOR
REQUEST FOR PAYMENT**
SUBMIT ONE ORIGINAL

DPW PROJECT NO.

Code #	AMOUNT	DPW USE ONLY
CC		
DATE		

Name and Location of Project

Name and Address of Contractor

Request No.	For Period	TO
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ANALYSIS OF CONTRACT AMOUNT TO DATE

Original Contract Amount	_____	(1)
Net Amount of Change Orders through CO# _____	_____	(2)
Adjusted Contract Amount (<i>Line 1 + Line 2</i>)	_____	(3)

ANALYSIS OF WORK PERFORMED (Attach Pay Estimate Breakdown)

Value of Work Performed from Column 4 of Estimate Breakdown	_____	(4)
Less Amount Retained Per Contract Terms (<i>% of Line 4 above</i>)	_____	(5)
Net Amount Earned to Date	_____	(6)
Less Previous Payments	_____	(7)

BALANCE DUE THIS PAYMENT (*Line 6 - Line 7*) _____ (8)

CERTIFICATION OF CONTRACTOR:

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

Certified by Contractor	Date
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**I certify that I have inspected the above work. To the best of my knowledge,
it is in accordance with contract requirements and the estimated quantities are correct.**

Certified by Design Professional	Date
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Inspected by DPW Field Representative	Date	Final Documents Received (Field Representative)
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Recommended by DPW Project Manager	Date
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Approved by Senior Field Representative	Date
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State of Idaho **DIVISION OF PUBLIC WORKS** REQUEST FOR PAYMENT ESTIMATE BREAKDOWN

Request No.	For Period	TO	DPW Project No.			
VALUE OF WORK IS TO REFLECT ONLY ORIGINAL AMOUNT AND AUTHORIZED CHANGE ORDERS. (Change Orders are to be shown as separate line items on this form.)			Contractor may use substitute form only if approved by the Division of Public Works prior to start of Construction			
Item or CO#	Description of Item (1)	Value (2)	% Comp (3)	Value of Work Completed (2)x(3) (4)	Previous Payments (5)	Due this Application (4)-(5) (6)
ALL AMOUNTS BELOW ARE BEFORE RETAINAGES						
SUBTOTAL:						
	CO#: CO#: CO#: CO#:					
SUBTOTAL:						
GRAND TOTALS:						
DPW FR			Date	Contractor		Date

Use more pages if necessary.