



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

DPW PROJECT NO.		DPW USE ONLY
CODE	AMOUNT	
AE		
RE		
Name and Location of Project:		Date

Name and Location of Project:

Name and Address of Design Professional:

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)
		%			
		%			
		%			
		%			
		%			
		%			
		%			
A. BASIC SERVICES TOTALS		%			

**REIMBURSABLE EXPENSES**

DESCRIPTION OF ITEM	AGREEMENT AMOUNT (2)	%	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
Travel by air/car rental/parking at cost					
Meals at cost not to exceed					
Mileage					
Lodging					
Reproductions/Postage					
B REIMBURSABLE TOTALS					

**C. TOTAL BASIC AND REIMBURSABLE**

ANALYSIS OF WORK PERFORMED	
Amount of Basic Services completed to date (line A4).....	\$
Amount of Reimbursable Expenses to date (line B4).....	\$
Total amount of work performed to date (line C4).....	\$
Less: Amount of previous payment (line C5).....	\$
<b>BALANCE DUE THIS APPLICATION (line C4 minus line C5).....</b>	<b>\$</b>

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

Requested by Design Professional	Date
Recommended by DPW Project Manager	Date
Approved by Senior Project Manager	Date