



State of Idaho

**DIVISION OF PUBLIC WORKS
TAB CONSULTANT
REQUEST FOR PAYMENT
SUBMIT ONE ORIGINAL**

DPW PROJECT NO.

CODE	AMOUNT
CS	
CR	
Date	

DPW USE ONLY

Name and Location of Project:

Name and Address of TAB Consultant:

Request No.

For Period FROM:

TO:

BASIC SERVICES

DESCRIPTION OF ITEM (1)	AGREEMENT AMOUNT (2)	% COMP (3)	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
Testing		%			
Balance		%			
A. BASIC SERVICES TOTAL		%			

REIMBURSABLE EXPENSES

DESCRIPTION OF ITEM	AMOUNT EXPENDED (2)		AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
Travel by air/car rental/parking					
Meals					
Mileage					
Lodging					
Reproductions/shipping					
B. REIMBURSABLE TOTAL					
C. TOTAL BASIC + 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).....\$

BALANCE DUE THIS APPLICATION (line C4 minus line C5).....\$

CERTIFICATION OF TAB CONSULTANT

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

Requested by TAB Consultant

Date

Recommended by DPW Field Representative

Date

Approved by Senior Field Representative

Date