



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

REIMBURSABLE EXPENSES

DESCRIPTION OF ITEM	AGREEMENT AMOUNT (2)		AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
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).....	\$	
BALANCE DUE THIS APPLICATION (line C4 minus line C5).....	\$	

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