



State of Idaho
 DIVISION OF PUBLIC WORKS
GEOTECHNICAL-TESTING SERVICES
REQUEST FOR PAYMENT
 SUBMIT ONE ORIGINAL

DPW PROJECT NO.

| | | |
|-----------|--------|---------------------|
| CODE | AMOUNT | DPW USE ONLY |
| SI | | |
| TC | | |
| RE | | |
| DATE | | |

Name and Location of Project

Name and Address of Geotechnical-Testing Consultant

Request No. _____ For Period _____ TO _____

GEOTECHNICAL SERVICES

| DESCRIPTION OF ITEM (1) | AGREEMENT AMOUNT (2) | % COMP (3) | AMOUNT OF SERVICE COMPLETE (4) | PREVIOUS PAYMENTS (5) | DUE THIS APPLICATION (6) |
|---------------------------------|----------------------------|------------------|--------------------------------------|-----------------------------|--------------------------------|
| | | % | | | |
| | | % | | | |
| | | % | | | |
| A. GEOTECHNICAL SERVICES TOTALS | | % | | | |

TESTING SERVICES

| DESCRIPTION OF ITEM (1) | AGREEMENT AMOUNT (2) | % COMP (3) | AMOUNT OF SERVICE COMPLETE (4) | PREVIOUS PAYMENTS (5) | DUE THIS APPLICATION (6) |
|----------------------------|----------------------------|------------------|--------------------------------------|-----------------------------|--------------------------------|
| | | % | | | |
| | | % | | | |
| | | % | | | |
| B. TESTING SERVICES TOTALS | | % | | | |

REIMBURSABLE EXPENSES

| DESCRIPTION OF ITEM (1) | AMOUNT AUTHORIZED (2) | % COMP (3) | | PREVIOUS PAYMENTS (5) | DUE THIS APPLICATION (6) |
|---------------------------------------|-----------------------------|------------------|--|-----------------------------|--------------------------------|
| | | % | | | |
| | | % | | | |
| C. REIMBURSABLE EXPENSES TOTALS | | % | | | |
| D. BASIC + REIMBURSABLE TOTALS | | % | | | |

ANALYSIS OF WORK PERFORMED

| | |
|---|-----------|
| Amount of Geotechnical Services completed to date (line A4) | \$ |
| Amount of Testing Services completed to date (line B4) | \$ |
| Amount of Reimbursable Expenses to date (line C4) | \$ |
| Total amount of work performed to date (line D4) | \$ |
| Less: Amount of previous payment (line D5) | \$ |
| BALANCE DUE THIS APPLICATION (line D4 minus line D5) | \$ |

CERTIFICATION OF GEOTECHNICAL-TESTING CONSULTANT

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

| | |
|--|------|
| Requested by Geotechnical- Testing Consultant | Date |
| Recommended by DPW Project Manager (Geotechnical) Recommended by DPW Field Representative (Testing) | Date |
| Approved by Senior Project Manager (Geotechnical) Approved by Senior Field Representative (Testing) | Date |