

State of Idaho DIVISION OF PUBLIC WORKS <b>TESTING SERVICES</b> <b>REQUEST FOR PAYMENT</b> SUBMIT ONE ORIGINAL	DPW PROJECT NO.  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">CODE</td> <td>AMOUNT</td> </tr> <tr> <td><b>TC</b></td> <td><b>\$</b></td> </tr> </table>	CODE	AMOUNT	<b>TC</b>	<b>\$</b>
CODE	AMOUNT				
<b>TC</b>	<b>\$</b>				

Name and Location of Project:	DATE:
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Name and Address of Testing Consultant:
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Request No.	For Period:	To:
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**1. COST OF WORK COMPLETED TO DATE UNDER ORIGINAL AGREEMENT**

ITEM No. (1)	DESCRIPTION	ORIGINAL	COMPLETED WORK		Total Cost of Work
			PREVIOUS PAYMENTS	DUE THIS APPLICATION	
A.	SOILS / ASPHALT				
B.	CONCRETE / MASONRY				
C.	STRUCTURAL STEEL				
D.	OTHER TESTING SERVICES				
E.					
TOTAL OF COST COLUMNS					

**2. AUTHORIZED REIMBURSABLES**

	AMOUNT			
A.				
B.				
C.				
D.				
E.				
TOTAL OF COST COLUMNS				

**3. ANALYSIS OF SERVICES PERFORMED**

A. Cost of original contract services performed to date	
B. Reimbursable costs to date	
C. Total cost of services performed to date	
Less amount of previous payments	
<b>BALANCE DUE THIS PAYMENT Total of Sections 1(5) + 2(5)</b>	

CERTIFICATION OF TESTING CONSULTANT: I certify that the foregoing is just and correct, that the amount claimed is legally due after showing all just credits, and that no part of same has been paid. I hereby certify that I have provided the above services; that to the best of my knowledge it is in accordance with contract requirements.

Requested by Testing Consultant:	Date:
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I have reviewed the above application; and to the best of my knowledge, it is in accordance with contract requirements..

Recommended by DPW Field Representative:	Date:
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Approved by DPW Senior Field Representative:	Date:
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Original: Fiscal Office      Copies to: Testing Firm, DPW Contract File, DPW FR