

State of Idaho  
 DIVISION OF PUBLIC WORKS  
**COMMISSIONING AGENT  
 REQUEST FOR PAYMENT**

**SUBMIT ONE ORIGINAL**

DPW PROJECT NO.

CODE	AMOUNT
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**CS**

**CR**

DATE

Name and Location of Project

Name and Address of Agent

Request No.

For Period

TO

**A. BASIC SERVICES**

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

**B. REIMBURSABLE EXPENSES**

DESCRIPTION OF ITEM	AMOUNT AUTHORIZED				
TOTAL OF REIMBURSABLE COLUMNS					

**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 ARCHITECT/ENGINEER**

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

Requested by Commissioning Agent

Date

**I certify that I have reviewed the above application. To the best of my knowledge, it is in accord with contract requirements and the estimated quantities are correct.**

Recommended by DPW Project Manager

Date

Approved by Senior Project Manager

Date

Original: Fiscal Copies to: A/E, DPW Contract File, DPW PM