

State of Idaho
 DIVISION OF PUBLIC WORKS
**CONSULTANT
 REQUEST FOR PAYMENT**

SUBMIT ONE ORIGINAL

DPW PROJECT NO.

CODE	AMOUNT
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CS	
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DATE	
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Name and Location of Project

Name and Address of Architect/Engineer

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 Consultant

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