

State of Idaho DIVISION OF PUBLIC WORKS TESTING SERVICES REQUEST FOR PAYMENT SUBMIT ONE ORIGINAL				DPW PROJECT NO.	
				CODE	AMOUNT
				TC	\$
Name and Location of Project:				DATE:	
Name and Address of Testing Consultant:					
Request No.		For Period:		To:	
1. COST OF WORK COMPLETED TO DATE UNDER ORIGINAL AGREEMENT					
ITEM	DESCRIPTION	ORIGINAL	COMPLETED WORK		Total Cost of Work
No. (1)			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					
BALANCE DUE THIS PAYMENT Total of Sections 1(5) + 2(5)					
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 herby 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:
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:
Approved by DPW Senior Field Representative:					Date:

Original: Fiscal Office Copies to: Testing Firm, DPW Contract File, DPW FR