

State of Idaho DIVISION OF PUBLIC WORKS

Design-Builder REQUEST FOR PAYMENT SUBMIT ONE ORIGINAL

DPW PROJECT NO.					
Code #	AMOUNT	MAD			
СС		JSD /			
Date		ONLY			

				1
Name and Location of Project				
Name and Address of Design-Builder	-			
Request No.	For Period		то	
ANALYSIS OF CONTRACT	AMOUNT TO DATE			
(1) Original Contract Amount	\$ (1)			
(2) Net Amount of Change Ord	\$			
(3) Adjusted Contract Amount	(3)			
ANALYSIS OF WORK PERF	ORMED (Attach Pay	/ Estimate Brea	kdown)	
(4) Value of Work Performed -	\$ (4)			
(5) Value of Work Performed - subject to retainage				(5)
(6) Less Amount Retained Per Contract Terms (% of line 5 above)				(6)
(7) Net Amount Earned to Date (Line 4 + Line 5 - Line 6)				\$
(8) Less Previous Payments	\$ (8)			
BALANCE DUE THIS PAYMEN	\$ (9)			
CERTIFICATION OF DESIGN I certify that the foregoing is ju and that to the best of my know and the established quantities	ist and correct and the wledge, the work has			
Certified by Design-Builder			Date	
Inspected by DPW Field Representative			Date	ments Received epresentative)
Recommended by DPW Project Man	ager		Date	
Approved by Senior Field Representative			Date	

Original: Fiscal

Copies to: Design-Builder, DPW PM, DPW FR, DPW Contract File

State of Idaho DIVISION OF PUBLIC WORKS REQUEST FOR PAYMENT ESTIMATE BREAKDOWN DPW Project No. Request For Period TO No. VALUE OF WORK IS TO REFLECT ONLY ORIGINAL AMOUNT Contractor may use substitute form only if AND AUTHORIZED CHANGE ORDERS. approved by the Division of Public Works (Change Orders are to be shown as separate line items on this form.) prior to start of Construction Value of Work Previous Due this Item **Description of Item** Value Comp Completed (2)x(3) **Payments** Application (4)-(5) or CO# (1) (2) (3) (5) (6) (4) **ALL AMOUNTS BELOW ARE BEFORE RETAINAGES** **TOTAL OF COLUMNS** DPW FR Date Contractor **Date**