

State of Idaho DIVISION OF PUBLIC WORKS Design/Builder REQUEST FOR PAYMENT 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 style="text-align: center; font-weight: bold;">CC</td> <td></td> </tr> <tr> <td colspan="2">DATE</td> </tr> </table>	Code #	AMOUNT	CC		DATE	
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CC							
DATE							

Name and Location of Project

Name and Address of Design/Builder

Request No.	For Period _____ TO _____
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ANALYSIS OF CONTRACT AMOUNT TO DATE

Original Contract Amount	\$ _____ (1)
Net Amount of Change Orders through CO# _____	\$ _____ (2)
Adjusted Contract Amount (<i>Line 1 + Line 2</i>)	\$ _____ (3)

ANALYSIS OF WORK PERFORMED (Attach Pay Estimate Breakdown)

Value of Work Performed – not subject to retainage	\$ _____ (4)
Value of Work Performed – subject to retainage	\$ _____ (5)
Less Amount Retained Per Contract Terms (<i>5% of Line 5 above, show % if different</i>) _____ %	(\$ _____) (6)
Net Amount Earned to Date (<i>Line 4 plus Line 5 minus Line 6</i>)	\$ _____ (7)
Less Previous Payments	\$ _____ (8)

BALANCE DUE THIS PAYMENT (<i>Line 6 - Line 7</i>)	\$ _____ (9)
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CERTIFICATION OF DESIGN/BUILDER:
I certify that the foregoing is just and correct and the amount claimed is legally due after showing all just credits and that to the best of my knowledge, the work has been completed in accordance with contract requirements and the estimated quantities are correct.

Certified by Design/Builder	Date	
Inspected by DPW Field Representative	Date	Final Documents Received (Field Representative)
	Recommended by DPW Project Manager	
Approved by Senior Field Representative	Date	

Original to: Fiscal Copies to: Design/Builder, FR, File

Request No.	For Period _____ TO _____	DPW Project No.
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VALUE OF WORK IS TO REFLECT ONLY ORIGINAL AMOUNT AND AUTHORIZED CHANGE ORDERS.
 (Change Orders are to be shown as separate line items on this form)

Design/Builder may use substitute form only if approved by the Division of Public Works prior to start of Construction

Item or C.O. No.	Description of Item (1)	Value (2)	% Comp (3)	Value of Work Completed (4) (2)X(3)	Previous Payments (5)	Due this Application (4 - 5) (6)
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ALL AMOUNTS BELOW ARE BEFORE RETAINAGES

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TOTAL OF COLUMNS					
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DPW FR	Date	Design/Builder	Date
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