

PROGRESS PAYMENT REQUEST

PAY ESTIMATE NUMBER: _____

PERIOD: FROM _____ **TO** _____

CONTRACT NUMBER: _____

RESOLUTION NUMBER: _____

PROJECT NAME: _____

SUBMITTED BY: _____

According to the best of our knowledge and belief, we certify that all items and amounts shown on the face of this periodic estimate for partial payment are correct, that all work has been performed and/or materials supplied in full accordance with the requirements of the referenced contract, and/or duly authorized deviations, substitutions, alterations, and/or additions that the foregoing is a true and correct statement of the contract account up to and including the last day of the period period covered by this periodic estimate and that no part of the Balance Due this payment has been received.

As per contract specification requirements we understand and agree that the approval of this progress payment shall not be construed as acceptance of any work, material, or products and shall not relieve us in any way from our responsibilities and obligations under this contract, including but not limited to, a final reconciliation of quantities and related costs.

NET AMOUNT DUE _____

SIGNED BY _____

SIGNATURE _____

DATE: _____

TITLE _____

APPROVALS

I certify that the above process payment request appears to be accurate and is in general compliance with the amount of work completed during progress payment period.

REVIEWED BY	(Print Name)	(Print Name)	(Print Name)
SIGNATURE & DATE			
TITLE	Inspector	Architect/Consultant Project Manager	City Project Manager

APPROVED FOR PAYMENT

BY: _____

DATE: _____

CITY ENGINEER