

APPLICATION FOR PAYMENT

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TO OWNER District of Columbia Courts
 Capital Projects and Facilities Management Division
 616 H Street, NW Room 6th Floor
 Washington, DC 20001
 FROM CONTRACTOR: VIA CONST. MANAGER:

PAYMENT APPLICATION

NO: 0

Distribution to:

PERIOD TO: 00/00/0000

CPFMD NO.:

<input checked="" type="checkbox"/>	OWNER
<input checked="" type="checkbox"/>	CM
<input type="checkbox"/>	
<input type="checkbox"/>	

CONTRACT FOR: Construction Services

CONTRACT FOR: Low Voltage Cabling Services**CONTRACT DATE:****CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract.
 Continuation Sheet, is attached.

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Applications for Payment were made and payments received from the Owner, and that current payment shown herein is now due.

1. ORIGINAL CONTRACT SUM \$ 0.00
 2. Net change by Change Orders \$
 3. CONTRACT SUM TO DATE (Line 1 + 2) \$
 4. TOTAL COMPLETED & STORED TO \$ 0.00
 5. RETAINAGE:
 a. 0 % of Completed Work \$ 0.00
 b. % of Stored Material \$
 Total Retainage (Lines 5a + 5b) \$ 0.00
 6. TOTAL EARNED LESS RETAINAGE \$ 0.00
 (Line 4 Less Line 5 Total)
 7. LESS PREVIOUS CERTIFICATES FOR
 PAYMENT (Line 6 from prior Certificate) \$ 0.00
 8. CURRENT PAYMENT DUE \$ 0.00
 9. BALANCE TO FINISH INCLUDING RETAINAGE \$ 0.00
 (Line 3 less Line 6)

CONTRACTOR:

By: Date: 00/00/0000

State of:
 Subscribed and sworn to before me this County of:
 Notary Public: day of
 My Commission expires:

RECOMMENDATION FOR PAYMENT

The Quality Assurance Manager and the Construction Manager, based on on-site observations and the data comprising the application, verify to the best of their knowledge, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and recommend payment to the Contractor of the amount requested on Line 8.

Quality Assurance

By: Date:

Construction Manager

By: Date:

APPROVAL FOR PAYMENT

District of Columbia Courts

By: Date:

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	