

APPLICATION FOR PAYMENT

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TO OWNER District of Columbia Courts PROJECT:
 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
 PERIOD TO: 00/00/0000
 CPFMD NO.:

Distribution to:
 OWNER
 CM

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 (Line 4 Less Line 5 Total)	\$	0.00
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 (Line 3 less Line 6)	\$	0.00

CONTRACTOR:

By: _____ Date: 00/00/0000

State of: _____ County of: _____
 Subscribed and sworn to before me this _____ day of _____
 Notary Public:
 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: _____

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	

APPROVAL FOR PAYMENT

District of Columbia Courts

By: _____ Date: _____