|  |  |  |
| --- | --- | --- |
| þÿ |  | ***APPLICATION FOR PAYMENT OF CONTRACT*** |
|  | Payment Application Number: |  |  |  | Date: |  |
| Payment Amount Requested: | $ |  |  |
| during the period from |  | to |  |
| in accordance with contract dated |  |
| in the amount of | $ |  | for work on the following project: |
| Project Name: |  |  |
| Project Location: |  | Project # |

**Name**

***Subcontractors and Suppliers List***

**Trade or Materials**

**Contract Amount**

|  |  |  |
| --- | --- | --- |
| ***Contractor*** |  | ***Architect/Engineer*** |
| Company Name |  | Company Name |
| Street Address |  | Street Address |
| City, State, Zip Code |  | City, State, Zip Code |
| Authorized Signature |  | Authorized Signature |
| Date: |  | Date: |
|  |

***FOR COLLEGE USE ONLY***

I hereby certify that this Contractor has completed % of the contract.

**Contract Completion Statement:** All work has required for this contract was completed on and accepted on and said work has been carefully checked out and found to be strictly in accordance with all drawings and specifications.

Certified Payroll Attached

|  |  |  |
| --- | --- | --- |
|  | Original Amount of Contract |  |
| *Purchase Order Number* | Plus Contract Additions |  |
|  | Less Contract Deductions |  |
| *Account Number* | Adjusted Contract Amount |  |
|  | Total Cost of Work Performed to Date |  |
| *Construction Manager* | Less Amount Retained |  |
|  | Net Amount Earned on Contract to Date |  |
| *Director, Construction, Planning & Design* | Less Amount of Previous Payments |  |
|  | Balance Due This Payment |  |

*Vice President, Capital, Construction & Facilities*

*Application for Payment of Contract, Tri-c.doc*