



**ARCHITECTURAL/DESIGN/ENGINEERING PHASE  
APPLICATION /CERTIFICATION FOR PAYMENT NO:-->**

**For Official  
City of Chandler  
Use Only**

City of Chandler Project Title: \_\_\_\_\_  
 City of Chandler Project No.: \_\_\_\_\_  
 Federal / ADOT No(s) \_\_\_\_\_  
 Covering the Period From: \_\_\_\_\_ to: \_\_\_\_\_  
 City of Chandler Contact: \_\_\_\_\_

Record ID: \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>Architect/Designer/Engineer Information:</b>		Invoice Number:	_____
Name:	_____	PO Number:	_____
Address:	_____	Phone Number:	_____
Remit to Address:	_____	Fax Number:	_____
Contact:	_____	Email Address:	_____

*Application is made for payment as shown below and on the attached Payment Schedule Summary Sheet in accordance with the Contract Documents*

			<b>Original Contract Price:</b> _____
<b>Contract Amendments:</b>			
Number	Date Approved	Amount	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

\* % of time elapsed \_\_\_\_\_  
 \* % of contract complete \_\_\_\_\_  
 \*required field

<b>Adjusted Contract Price (Original Contract Price + Total Change Orders Amount):</b>	\$	-
<b>Total Percent Complete to Date:</b>	_____ %	
<b>Total Amount Due to Date (as referenced on attached Progress Summary):</b>	\$	-
<b>Total Previous Certificates for Payment:</b>	\$	-
<b>Federal Penalties (Per City): Deduct Penalties (-) or Credit Reimb (+):</b>	\$	-
<b>Current Payment Due (Total Amount Earned-Total of Previous Certificates for Payment):</b>	\$	-

***Architect/Designer/Engineer's Certification***

The undersigned certifies that the work covered by this Application for Payment has been completed in accordance with the Contract Documents; that all amounts have been paid by him for work which previous Certificates of Payment were issued and payments received from the Owner, and that the current payment requested as shown is current, accurate and complete.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Approved By:**

_____	Date	_____
Project Manager		PO#
_____		_____
		Budget Account #'s
_____	Date	_____
Project Owner		Budget Account #'s

**Email Signed PDF copy to: [CapitalProjects.Payables@chandleraz.gov](mailto:CapitalProjects.Payables@chandleraz.gov)**  
 or Submit to: Capital projects, Public Works & Utilities, PO Box 4008, MS407, Chandler, AZ 85244

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