



CONSTRUCTION PHASE
APPLICATION /CERTIFICATION FOR PAYMENT #

**For Official
City of Chandler
Use Only**

City of Chandler Project Title: _____
City of Chandler Project No.: _____
Covering the Period From: _____ to: _____
City of Chandler Contact: _____

Record ID: _____
Date: _____

Contractor Information: PO Number: _____ Invoice Number: _____
Name: _____ Phone Number: _____
Address: _____ Fax Number: _____
Remit to Address: _____ Email Address: _____
Contact: _____

Consulting Engineer Information:
Name: _____ Phone Number: _____
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

Original Contract Price: _____

Change Orders: Number	Date Approved	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* % of time elapsed _____
* % of contract complete _____
* required fields

Adjusted Contract Price (Original Contract Price + Total Change Orders Amount): \$ _____ -

Total Percent Complete to Date: _____ %

Total Amount Due to Date (as referenced on attached Progress Summary): _____

Total Percent Retained to Date: _____ **Total Amount Retained to Date:** \$ _____ -

Total Amount Earned to Date (Total Amount Due-Retained to Date): \$ _____ -

Total Previous Certificates for Payment: _____

Current Payment Due (Total Amount Earned-Total of Previous Certificates for Payment): \$ _____ -

Contractor's Certification

The undersigned contractor 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.

Consultant's/Engineer's Certification

The Consultant/Engineer has reviewed this Application; accompanying data; and schedules and, having made on-site observation of the work consistent with his assigned responsibilities, certifies that the best of his knowledge and belief the quality of the quality of the work performed is in accordance with the Contract Documents; that the work has progressed as indicated herein; and that the Contractor is entitled to payment in the amount shown above.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

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Approved By:

Project Manager Date

PO#

Budget Account #'s

Project Owner Date

Budget Account #'s

Email PDF Signed Payment Application to: CapitalProjects.Payables@chandleraz.gov
Or Submit to: Capital Projects, Public Works & Utilities, PO Box 4008, MS407, Chandler, AZ 85244

Revised 5/1/19

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