



**ARCHITECTURAL/DESIGN/ENGINEERING 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: \_\_\_\_\_

**Architect/Designer/Engineer Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Remit to Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_

Invoice Number: \_\_\_\_\_  
 PO Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 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:** \_\_\_\_\_

**Contract Amendments:**

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 Previous Certificates for Payment:** \_\_\_\_\_

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

**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: \_\_\_\_\_

**For Official CITY OF CHANDLER Use Only**

**Approved By:**

\_\_\_\_\_  
*Project Manager*                      *Date*

\_\_\_\_\_  
*PO#*

\_\_\_\_\_  
*Budget Account #'s*

\_\_\_\_\_  
*Project Owner*                      *Date*

\_\_\_\_\_  
*Budget Account*

**Email Signed PDF Payment Application to: [CapitalProjects.Payables@chandleraz.gov](mailto:CapitalProjects.Payables@chandleraz.gov)  
 Or Submit to: Capital Projects, Public Works & Utilities, PO Box 4008, MS 407, Chandler, AZ 85244**

Revised 5-1-2019