



**PROFESSIONAL SERVICES AGREEMENT
APPLICATION AND CERTIFICATION FOR**

**Official City of Chandler
Use Only**

PAYMENT # _____

Check if FINAL payment: _____

Date Rec'd: _____

Record ID: _____

Date Recorded: _____

Project Name: _____

Project No.: _____ Federal/ADOT No. (if applicable): _____

Pay Period Beginning: _____ Ending: _____ City Contact Name: _____

Total Time Elapsed: _____%

Consultant Information:

Name: _____ Invoice #: _____

Remit to Address: _____

Contact Name: _____ Phone: _____ Email Address: _____

| Contract Amendment Summary | | | |
|----------------------------|------|--------|---------------|
| No. | Date | Amount | Calendar Days |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

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

**RED FIELDS AUTO CALCULATE
Do not enter amount manually**

1. Original Contract Price: \$ _____

2. Contract Amendments to Date: \$ _____

3. Adjusted Contract Price (Line 1 + 2): \$ _____

**4. Total Amount Due to Date:
(per attached Payment Schedule)** \$ _____

Work Completed to Date: _____%

| Contract Time Summary (applicable milestones per contract) | |
|---|---------------|
| Notice to Proceed (NTP) Date: | |
| Original Contract Duration: | Calendar Days |
| Contract Amendments: | Calendar Days |
| Revised Contract Duration: | Calendar Days |
| Contract Expiration Date: | |

5. Total Previous Certificates for Payment: \$ _____

**6. Federal Penalties if Applicable (per City): \$ _____
Deduct Penalties (-) or Credit Reimb (+)**

7. Current Payment Due (Line 4 - 5 - or +6): \$ _____

Consultant's/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 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

Official City of Chandler Use Only PO #:

Approved By:

Budget Account #'s:

Project Manager

Date

CIP Supervisor

Date

Email PDF Signed Payment Application to: CapitalProjects.Payables@chandleraz.gov

Revised: 4/14/23

Or Submit to: City of Chandler, Capital Projects MS 407, PO Box 4008, Chandler, AZ 85244