

Certified Payment Application

Project Name: _____
Project Number: _____

Owner: _____
Contractor: _____

Application No.: _____
Application Date: ____/____/____
Period To: ____/____/____

Contract Summary

Description	Amount (\$)
Original Contract Amount	
Approved Change Orders (+/-)	
Adjusted Contract Amount	
Previous Payments	
Current Payment Due	
Total Payments to Date	
Retention Withheld	
Balance to Finish	

Schedule of Values

Item No.	Description of Work	Original Amount	Change Orders	Adjusted Amount	Previously Billed	This Period	Total Completed	Balance
1								
2								

Certification

I hereby certify, to the best of my knowledge and belief, that all items and amounts on this application for payment are correct; that all work has been performed and/or materials supplied in full accordance with the terms and conditions of the contract documents, and that all payments due to subcontractors and suppliers have been made in accordance with the contract requirements.

Contractor's Representative

Date: _____

Approval: Owner/Authorized Agent

Date: _____