

# Final Payment Application Form

## For Completed Construction Contracts

Project Name

Project Location

Contract Number

Owner / Client

Contractor

### Payment Summary

Description	Amount
Original Contract Value	
Approved Change Orders (+/-)	
Total Adjusted Contract Value	
Total Earned to Date	
Less Previous Payments	
<b>Final Amount Due</b>	

Certification

Contractor Representative

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner / Client Representative

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

