

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	
Final Amount Due	

Certification

Contractor Representative

Name: _____

Signature: _____

Date: _____

Owner / Client Representative

Name: _____

Signature: _____

Date: _____

