



# APPLICATION FOR PAYMENT

Facilities Management  
 Southeast Missouri State University  
 One University Plaza/MS 7700  
 Cape Girardeau, MO 63701-4799

APPLICATION NUMBER \_\_\_\_\_

|                        |  |                             |     |
|------------------------|--|-----------------------------|-----|
| OWNER'S PROJECT NUMBER |  | CONSULTANT'S PROJECT NUMBER |     |
| PROJECT TITLE          |  |                             |     |
| FIRM                   |  |                             |     |
| ADDRESS                |  |                             |     |
| CITY                   |  | STATE                       | ZIP |

## APPLICATION FOR PAYMENT

This application for Payment is made in accordance with the contract. Additional back-up documentation is attached, as required.

|  |          |          |
|--|----------|----------|
| 1. Original contract lump sum (or limit).....                                  | \$ _____ |          |
| 2. Net change by revision.....   | \$ _____ |          |
| 3. Total reimbursable expenses (including fee) from previous applications..... | \$ _____ |          |
| 4. Contract sum to date (line 1+2+3 or same as line 1, if limit).....          |          | \$ _____ |
| 5. Amount of Line 4 completed to date.....                                     | \$ _____ |          |
| 6. Reimbursable costs since last application.....                              | \$ _____ |          |
| 7. Fee on reimbursable costs listed on line 6.....                             | \$ _____ |          |
| 8. Total earned to date (line 5+6+7).....                                      |          | \$ _____ |
| 9. Less previous applications for payment.....                                 |          | \$ _____ |
| 10. Current payment due (line 8-9).....  |          | \$ _____ |

The undersigned certifies that, to the best of their knowledge, that above reported work has been performed in accordance with the Contract, that all amounts have been paid by the Consultant for work which previous Applications for Payment were issued and payments received from the Owner, and that the current requested payment is fully due.

|                         |           |      |
|-------------------------|-----------|------|
| BY (PRINT OR TYPE NAME) | SIGNATURE | DATE |
|-------------------------|-----------|------|

## OWNER'S APPROVAL

The undersigned certify that, to the best of their knowledge, information, and belief, the Consultant is entitled to payment of the amount approved in accordance with the Contract based upon the progress of the work and the information as stated herein.

|   |           |          |
|---|-----------|----------|
| <b>AMOUNT APPROVED</b>  |           | \$ _____ |
| APPROVAL RECOMMENDED:<br>INSERT PM'S NAME, OWNER'S PROJECT MANAGER                        | SIGNATURE | DATE     |
| VERIFICATION:<br>LARRY HALE, BUDGET ANALYST   | SIGNATURE | DATE     |
| APPROVAL RECOMMENDED:<br>N/A  | SIGNATURE | DATE     |
| PAYMENT APPROVED/RECOMMENDED:<br>SUE WILDE, ASSOC. DIRECTOR, FACILITIES MGMT.             | SIGNATURE | DATE     |
| PAYMENT APPROVED/RECOMMENDED (FINAL ONLY):<br>SCOTT MEYER-DIRECTOR, FACILITIES MANAGEMENT | SIGNATURE | DATE     |
| PAYMENT APPROVED/RECOMMENDED (FINAL ONLY):<br>KATHY MANGELS-VICE PRESIDENT                | SIGNATURE | DATE     |