



APPLICATION AND CERTIFICATION FOR PAYMENT
Facilities Management
Southeast Missouri State University
One University Plaza/MS 7700
Cape Girardeau, MO 63701-4799

APPLICATION NUMBER _____
 PERIOD TO: _____ Distribution to:
 CONTRACT DATE: _____ OWNER
 CONST. MANAGER
 CONTRACTOR

CONTRACTOR			OWNER'S PROJECT NUMBER		CONSULTANT'S PROJECT NUMBER		
			FIRM				
ADDRESS			CONSULTANT				
							FIRM
CITY		STATE	ZIP		ADDRESS		
CONTRACTOR'S APPLICATION FOR PAYMENT			CITY				STATE
This Application for Payment is made in accordance with the Contract Documents. Additional back-up documentation is attached, as required.			The undersigned certify that, to the best of their knowledge, information, and belief, the Contractor is entitled to payment of the amount approved in accordance with the Contract Documents based upon the progress of work and the information as stated herein.				
1. Original contract lump sum (or limit)..... \$ _____ 2. Net change by Change Orders..... \$ _____ # 1 through # 1 3. Contract sum to date (line 1 +2)..... \$ _____ 4. Completed and stored to date..... \$ _____ (Column G of Continuation Sheet) 5. Retainage: _____ % of line 4 above..... \$ _____ Date Retained Reduction approved _____ 6. Total earned less retainage (line 4 less line 5)..... \$ _____ 7. Total of previous Certifications for Payment..... \$ _____ 8. Current payment due (line 6 - 7)..... \$ _____							
The undersigned Contractor certifies that, to the best of the Contractor's knowledge, the above reported work has been performed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for work which previous Certifications for Payment were issued and payments received from the Owner, and that the current requested payment is fully due.			AMOUNT CERTIFIED		\$ _____		
			SIGNATURE		DATE		CERTIFIED: CONSULTANT'S PROJECT MANAGER
CONTRACTOR			APPROVAL RECOMMENDED: INSERT PM'S NAME OWNER'S PROJECT MANAGER				
			SIGNATURE		DATE		VERIFICATION: LARRY HALE, BUDGET ANALYST, FACILITIES MANAGEMENT
BY (TYPE OR PRINT NAME)			DATE		APPROVAL RECOMMENDED: N/A		
			SIGNATURE		DATE		PAYMENT APPROVED/RECOMMENDED: SUE WILDE, ASSOC. DIR., FACILITIES MANAGEMENT
SIGNATURE			TITLE		PAYMENT APPROVED/RECOMMENDED: SCOTT MEYER, DIR., FACILITIES MANAGEMENT (FINAL ONLY)		
					SIGNATURE		DATE
SIGNATURE		DATE		SIGNATURE		DATE	