

CITY OF ALBUQUERQUE

Capital Implementation Program

Application for Payment

ARCHITECT/ENGINEER _____

Phone: _____

CONTRACTOR/PAYEE: _____

Address: _____

City: _____

Phone: _____

Date Prepared: _____

City P.O. NO: _____

PROJECT: _____

Estimate NO.: _____

Estimate FROM: _____ TO: _____

Project Number: _____

Notice to Proceed: _____

ORIGINAL

CURRENT*

Contract Amount: \$ _____

\$ _____

Contract Time: _____ **Calendar Days**

_____ **Calendar Days**

Contract Completion Date: _____

CHANGE ORDERS APPROVED: Number _____ Total Amount: \$ _____

**The current column above reflects modifications which have been authorized by City-approved Change Orders.*

SCHEDULED PERCENT COMPLETE: Time: _____ %

Funds: _____ %

ACTUAL PERCENT COMPLETE: Time: _____ %

Funds: _____ %

PAYMENT REQUEST

Identifier No. _____

Project No. _____

Amount

Total Completed to Date: \$ _____

_____ \$ _____

Less 5% Retained: \$ _____

_____ \$ _____

Less Previous Payment(s): \$ _____

Amount Due This Estimate \$ _____

Engineering _____ Date

Finance _____ Date

In accordance with the contract between the City of Albuquerque (Owner) and

_____ *(Contractor) dated* _____, _____,
we certify that the above estimate is correct.

RECOMMENDED:

RECOMMENDED:

By: _____
City Project Manager Date

By: _____
Contractor Date

RECOMMENDED:

APPROVED:

BY: _____
Architect/Engineer Date

BY: _____
CIP Date