

**CITY OF ALBUQUERQUE
CAPITAL IMPROVEMENTS PROGRAM
PAYMENT REQUEST FOR A/E SERVICES**

CONSULTANT/
PAYEE: _____

CITY P.O. NO. _____ STATEMENT NO. _____

ADDRESS: _____

DATE PREPARED: _____

CITY: _____

STATEMENT PERIOD FROM: _____ TO: _____

PHONE: _____

FEDERAL ID# _____

PROJECT NAME: _____

FOR A/E SERVICES IN ACCORDANCE WITH THE CONTRACT BETWEEN THE CITY OF ALBUQUERQUE AND (FIRM NAME) _____ UNDER DATE OF _____, AGREEMENT NUMBER _____, AND SUPPLEMENTAL AGREEMENT (S) NUMBER (S) AND DATES (S) AUTHORIZED AS FOLLOWS: _____

FORWARD TO:

CIP FISCAL
P.O. BOX 1293
ALBUQUERQUE, NEW MEXICO 87103

BASIC SERVICES

AUTHORIZED AMOUNT: \$ _____
TOTAL AMOUNT EARNED TO DATE \$ _____
LESS _____ % RETAINED \$ _____
SUB TOTAL \$ _____
LESS PREVIOUS PAYMENTS \$ _____
SUB TOTAL \$ _____
TAX \$ _____
AMOUNT DUE THIS STATEMENT FOR BASIC SERVICES \$ _____

**INVOICING PHASE
COMPLETE WHERE APPLICABLE**

PROGRAM DEVELOPMENT PHASES
PERCENTAGE COMPLETED: _____ %

PRELIMINARY DESIGN PHASE
PERCENTAGE COMPLETED: _____ %

FINAL DESIGN PHASES
PERCENTAGE COMPLETED: _____ %

CONSTRUCTION PROGRESS PHASE
PERCENTAGE COMPLETED: _____ %

SPECIAL SERVICES

AUTHORIZED AMOUNT: \$ _____
TOTAL AMOUNT EARNED TO DATE: \$ _____
LESS _____ % RETAINED \$ _____
SUB TOTAL \$ _____
LESS PREVIOUS PAYMENTS \$ _____
SUB TOTAL \$ _____
TAX \$ _____
AMOUNT DUE THIS STATEMENT FOR SPECIAL SERVICES \$ _____

LETTER OF AUTHORIZATION DATE _____

SUBPARAGRAPH(S) NO. _____ BY SECTION _____
OF SERVICE PERFORMED _____

TOTAL

AMOUNT DUE THIS STATEMENT FOR BASIC SERVICES (PLUS SPECIAL SERVICES IF APPLICABLE) \$ _____

I hereby certify that the above is true and correct, and that services set forth herein have been rendered, and that payment has not previously been requested (Justification for billing is attached).

Company Name _____

BY _____

APPROVED CIP/FISCAL

TITLE _____

BY: _____