CITY OF ALBUQUERQUE Capital Implementation Program Application for Payment

Architect/Engineer Phone Contractor/Payee Address City, State Phone				Contract Dated Project Name		
				City P.O. No. Project No. Notice to Proceed Estimate No.		To
(Contract Amount Contract Time (calendar day Contract Completion Date		ORIGIN		_ \$	RENT*
*	CHANGE ORDERS APPR *The current column above re LIQUIDATED DAMAGES	flects modificatio	ons which hav	ve been aut	horized by City-appro	
S	SCHEDULED PERCENT (ACTUAL PERCENT COM	COMPLETE:	Time _	% %	Funds Funds	
1	Total Complete Minus Previously Requested	Payments ding LD): \$ Payment: \$ Damages: \$		_	Identifier No Fiscal U Activity No.	
	cordance with the above-re	ferenced contro	act, we certi		above estimate is co	orrect.
By:	Contractor	Date		Ву:	ty Project Manager	Date
RECOMMENDED:				APPROVED:		
By:	Architect/Engineer	Date		By:	MD/Fiscal	Date
	OMMENDED:					
By:	Construction Manager	Date				