CITY OF TALLAHASSEE CONTRACT PAY REQUEST

1. 1	Date:	Payment From:	To:			Payment #		Contract #	
2.	Contractor:								
3.]	Payee: (If different from	n the Contractor)							_
	4. Contract For:								
5.	Number of Change Order(s) to date: Contract Start Date:								_
6.	Original Contract Amount:					Original Completion Date:			_
7.	Change Order (Addition(s)):					Original Contract Time:			_(Cal.Days)
	Change Order (Deduction(s)):					Authorized Extension:			_(Cal.Days)
9	Adjusted Contract Am	fjusted Contract Amount:					Amended Contract Time:		
10.	Previous Payment(s):					Amended Completion Date:			_
11.	Balance Before Retains	age(line 9-10):				Time Lapsed To Date:			(Cal.Days)
12.	Previous Retainage to date:								
	Balance (line 11-12):								
14. Work Performed To Date(attach schedule of values):									
15. Material Suitably Stored(attach list & invoices):									
16. Total To Date (add lines 14&15):									
17. Total Retainage:									
18. Total Previous Payment(s):									
19. Amount Requested(subtract lines 17 & 18 from 16):									
CERTIFICATE OF THE CONTRACTOR: According to the best of my knowledge and belief. I certify that all items and amounts shown on the face of this Certificate are correct, that all work has been performed and material supplied in full accordance with the terms and conditions of this Contract. I further certify that all just and indufful bills against the undersigned and his sub-boontractors for labor, material and equipment employed in the performance of this Contract have been paid in full in accordance with their terms and conditions. I hereby certify that all provisions of Section 446.101 E-3 as empeded by Chapter 72.113 Laws of Floridal 1972 regarding apprentices and payment of wages have been complied with by me and to the best of my knowledge and belief by all sub-contractors									
	(Contractor)			State of:		_ County of:			
'	(Contractor)								
				Executed this	day of		AD 19		
((Signature)								
	The foregoing instrument was acknowledged before me this day of 19, by								
	who is personally known to me or has produced (as identification) and who did (did not)								
	(Type of Identification								
	take an oath. Contractor named above, who, says that the facts contained in the foregoing Certificate of Partial Payment								
	are true and correct.								
			Notary Public			My Commission Expire:			
20.					ION PROJECT IF APPLIC		aven "		¬
		PO#	FUND#	CC#	OBJ#	PROJ#	SUB#	AMOUNT \$	
									=
							TOTAL		
21.			Date:	23.	Date				
Approved By Project Manager Approved By City Manager									
	• • • • • • • • • • • • • • • • • • • •						-		
22.			Date:	24.	Dat	e:			
	Approved By [Department Head				Approved By Treas	surer-Clerk		
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