

APPLICATION FOR PAYMENT

Number: _____ Period to: _____

TO UNIVERSITY: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
 OFFICE OF PHYSICAL PLANNING AND CONSTRUCTION
 1156 HIGH STREET, BARN G, SANTA CRUZ, CA. 95064
 ATTN: ACCOUNTS PAYABLE

AND UNIVERSITY'S REPRESENTATIVE: _____

FROM CONTRACTOR: _____

PROJECT NAME: _____

PROJECT NUMBER: _____

FACILITY: _____

APPLICATION DATE: _____

CHANGE ORDER SUMMARY:

	<u>Additions</u>	<u>Deductions</u>
Change Orders approved in previous months: Total:	_____	_____
<u>Change Orders approved this month:</u>		
<u>Number</u>	<u>Date Approved</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:	_____	_____

NET CHANGE BY CHANGE ORDERS: _____

Application is made for payment under the Contract as shown below:

1. ORIGINAL CONTRACT SUM	\$ _____
2. NET CHANGE BY CHANGE ORDERS	\$ _____
3. CONTRACT SUM TO DATE (Line 1 ± Line 2)	\$ _____
4. TOTAL AMOUNT COMPLETED TO DATE	\$ _____
<u>(PROJECTS OVER \$25,000 ONLY)</u>	
5. RETENTION: 10% OF COMPLETED WORK	\$ _____
6. TOTAL EARNED LESS RETENTION (Line 4 less Line 5)	\$ _____
7. TOTAL AMOUNT PREVIOUSLY CERTIFIED FOR PAYMENT	\$ _____
8. CURRENT PAYMENT DUE (Line 6 less Line 7)	\$ _____
9. BALANCE TO FINISH, PLUS RETENTION (Line 3 less Line 6)	\$ _____

The undersigned Contractor hereby represents and warrants to University that all Work, for which Applications For Payment have previously been approved and payment received from University, is free and clear of all claims, stop notices, security interests, and encumbrances in favor of Contractor, any subcontractor, and any other persons or firms entitled to make claims by reason of having provided labor, materials, or equipment related to the Work.

(Contractor)
By _____
(Name)

(Title)

DECLARATION

I, _____, hereby declare that I am the _____ of Contractor submitting this Application For Payment; that I am duly authorized to execute and deliver this Application For Payment on behalf of Contractor; and that all information set forth in this Application For Payment and all Schedules attached hereto are true, accurate, and complete as of its date.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was subscribed at

State of _____ on _____, 20_____

(Signature)

(Printed Name)