**APPROVED DOCUMENT—**This document is approved by the Office of the President and Office of the General Counsel for use by the Facility and is available on computer diskette (see Introduction to the Facilities Manual, “Approved Documents”).

**Application for Payment**

**Cover Sheet and Instructions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PURPOSE OF DOCUMENT: | Provides a standard form for contractor payment applications. | | | | | |
| CROSS-REFERENCES TO FACILITIES MANUAL (FM): | **[I]:4.6.5** | | | | | |
| CONTENTS: | Application For Payment form with Schedules 1 through 4 | | | | | |
| FOR USE WITH:  (Not Applicable to Some Documents) | √ | Job Order Contract (JOC) | | | | |
| COMPLETED BY: |  | Filling In |  | Adding Text |  | No Data Required |
| ITS USE IS: |  | Required |  | Optional | | |

**Completion Instructions:**

1. The contractor completes the form, including Schedules 1 through 3 (as applicable).

**Modifications and Additions:**

None.

**Comments:**

None.

END OF COVERSHEET AND INSTRUCTIONS

APPLICATION FOR PAYMENT

Number: Period to:

TO UNIVERSITY: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA,

AND UNIVERSITY'S REPRESENTATIVE:

|  |  |
| --- | --- |
| FROM CONTRACTOR: |  |
| ADDRESS |  |
| PROJECT NAME |  |
| JOB ORDER NUMBER |  |
| FACILITY |  |
| JOB ORDER AUTHORIZATION DATE |  |
| APPLICATION DATE |  |

SUPPLEMENTAL JOB ORDER SUMMARY: Additions Deductions

Supplemental Job Orders approved in previous months: Total:

Supplemental Job Orders approved this month:

Number: Date Approved:

Total:

NET CHANGE BY SUPPLEMENTAL JOB ORDERS:

Application is made for payment under the Contract as shown below and in Schedule 1 attached hereto:

1. ORIGINAL JOB ORDER SUM $

2. NET CHANGE BY SUPPLEMENTAL JOB ORDERS $

3. Job Order SUM TO DATE (Line 1 ± Line 2) $

4. TOTAL AMOUNT COMPLETED TO DATE (Column E on Schedule 1) $

5. RETENTION: 5% of Completed Work (Column H on Schedule 1)\* $

a. Current Value of Securities Deposited in Escrow $

b. Current Value of Retention Deposited in Escrow $

c. Retention Held by University $

Current Retention Value (a + b + c) $

6. TOTAL EARNED LESS RETENTION (Line 4 less Line 5) $

7. TOTAL AMOUNT PREVIOUSLY PAID $

8. CURRENT PAYMENT DUE (Line 6 less Line 7) $

9. BALANCE TO FINISH, PLUS RETENTION (Line 3 less Line 6) $

\*Pursuant to Article 9.2.2 of the General Conditions. The undersigned Contractor hereby represents and warrants to University that all Work, for which Certificates For Payment have previously been issued 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.

The following Schedules are attached and incorporated herein, and made a part of this Application For Payment:

Schedule 1 Cost Breakdown Schedule

Schedule 2 List of Subcontractors

Schedule 3 Declaration of Releases of Claims

(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)

(Print Name)

PROJECT NAME: APPLICATION NUMBER:

JOB ORDER NUMBER: APPLICATION DATE:

FACILITY: PERIOD TO:

(NTP?) DATE: CONTRACTOR:

SCHEDULE 1

TO

APPLICATION FOR PAYMENT

COST BREAKDOWN BASED ON PROPOSAL SUMMARY CSI SECTIONS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A | B | C | D | E | F | G | H |
| CSI Section No. . | DESCRIPTION | SCHEDULED  VALUE | % COMPLETE  TO DATE | TOTAL AMOUNT  COMPLETED  TO DATE  (C x D) | TOTAL AMOUNT  COMPLETED ON  PRIOR APPLICATION  FOR PAYMENT | AMOUNT  OF THIS  APPLICATION  (E - F) | RETENTION  (5% x E) |
|  |  |  |  |  |  |  |  |

PROJECT NAME:

CONTRACTOR:

JOB ORDER NUMBER:

APPLICATION NUMBER:

SCHEDULE 2

TO

APPLICATION FOR PAYMENT

LIST OF SUBCONTRACTORS

Subcontractors listed below are all Subcontractors furnishing labor, services, or materials for the period referred to in the Application For Payment referenced above, of which this Schedule 3 is a part:

|  |  |  |
| --- | --- | --- |
| Name of Subcontractor | Subcontracted  Work Activity | Date Work  Activity Completed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(Contractor)

By:

(Name)

(Title)

Date:

PROJECT NAME:

CONTRACTOR:

JOB ORDER NUMBER:

APPLICATION NUMBER:

SCHEDULE 3

TO

APPLICATION FOR PAYMENT

DECLARATION OF RELEASE OF CLAIMS

Contractor hereby certifies that attached hereto are releases and waivers of claims and stop notices from all Subcontractors furnishing labor, services, or materials covered by the Certificate For Payment dated

, 19 , except those listed below:

(Contractor)

By:

(Name)

(Title)

Date: