

For Contract Work and Contract Change Work (or Task Order Work)- Consultant including CM Manager

Sheet _____ of _____ Sheets

For Payment Number _____ from (MM/DD/YY) _____ to _____ Inclusively FMS (CAPIS) ID _____ Task Order No. _____
(Please use sequential numbers for all payments on this Contract; for Requirements Contracts, number payments sequential to each Task Order.)

Contract Reg. No. _____ Contract Title _____ Contract Reg. Date (MM/DD/YY) _____

Project _____ Address _____ Borough _____
(For Requirements Contracts, use separate sheet for each Task Order associated with this Contract. Task Order requisitions must list all registered Supplemental Task Orders.)

Consultant's Name _____ Address _____

Telephone Number _____ Email Address _____

A * Item Number	B * Description	C			D	E	F		G	H		I	J
		* Total Scheduled Value			%	Value (C x D)	Work Completed		Total Completed to Date (F + G)	% H/C	Balance (E - H)	Retainage **	
		Lump Sum or ** Not to Exceed Amount					From Previous Applications (H)	This Period					
	Subtotals (This Sheet)												
	Totals (Last Sheet)												

* Identify the various portions of the project and the consultant's services consistent with the values and services in the contract or task order. see instructions.

** For CM Managers (if applicable)

*** Signature signifies receipt (not approval) of payment

Received from Consultant _____ Date (MM/DD/YY) _____
(PM Signature)*** (Receipt Date)