Payment Requisition: Part C Divisions of Public Buildings and Technical Support

Estimate for JOC Contract Payment No.

Contractor to attach Part A and com	plete Lines 1-8 and	d Contractor's Certificate	
			\$
-			\$
			\$
			\$
5. Retainage/Stored Materials Withhol			
A% of Completed Work (Colu	_	\$	
B. <u>15</u> % of Stored Material (Colum			
Total Retainage/Withholding (Line 5A +			
			 \$
	d Payment Requisition	ons	\$
8. Current Payment Due (Line 6 Less I	Line 7)		\$
9. Amount Withheld by CPM			\$
Reasons:			
			\$
11. Amount Withheld by EAO			\$
Reasons:			
12. Payment Amount Approved by EAO (Line 10 Less Line 11)			\$
13. Amount Withheld by CFO		\$	
14. Payment Amount Approved by CF	O (Line 12 Less Line	e 13)Contractor's Certific	\$sicate
supplied in full accordance with the terms a outstanding claims for labor, materials and e	nd conditions of the Co (Contractor) da equipment for the perfor eet, "Certificate of Conf	ontract between the Department of sted, 20, and the department of said Contract have been tractor to the Comptroller"; that the	shown on this estimate are correct; that all work has been performed and mate of Design and Construction of the City of New York and and all authorized changes thereto; that all Contract reports are attached; that are no paid in full in accordance with the requirements of said Contract, except the he above is a true and correct statement of the contract account up to and not Due" has been received.
Signature		Federal Tax	uxpayer I.D. Number
Name (Print)	Title (Pr	rint)	Invoice Date (MM/DD/YY)
	С	onstruction Project Manage	er's Certificate
Contractor and that all work and material inconditions of the corresponding construction	cluded in this estimate h n contract documents a	nas been inspected by me or my cand authorized changes thereto. I	and correct statement of the work performed and materials supplied by the duly authorized assistants and has been found to comply with the terms and I further certify that I have verified that certificates of non-discrimination have benent and that the Subcontractor's Payment Form, if applicable to this payment, I
Contract Time	ccds	Signatura	D.I. MAMINDAAA
Time Consumed to Date	ccds	Signature	Date (MM/DD/YY)
Time Elapsed	%	Name (Print)	Title (Print)
Work Completed	%	If CM signature above, Ac	ccepted by DDC Employee:
			

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