|  |  |
| --- | --- |
| Date: |       |
| CN No.: |       |  | Contract No.: |       |  | Project No.: |       |
| Payment No.: |       | ([ ]  | W.I.P.P. | [ ]  | Final) | for Period |       | to |       |
| Project Name: |       |
| Attachments [ ]  Yes [ ]  No |  |  |  |
| PAYEE: | Consultants Name: |       | INSTRUCTIONS |
|  | Mailing Address: |       | Warrant will be mailed to Consultant’s mailing address given, unless special instructions are provided to the immediate left of these instructions. |
|  | City & State |       | ZIP CODE |       |
|  |
| Deliver Warrant: | Special Instructions - If Other than Mail |
|       |
|       |
|  |

# CONTRACTUAL FINANCIAL DATA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ORIGINAL PSA/SPA Amount |  |  |  |  | $      |
| **PLUS:** | Change Order # |       | dated |       | $      |  |  |
|  | Change Order # |       | dated |       | $      |  |  |
|  | Change Order # |       | dated |       | $      |  |  |
|  | S.T.A. # |       | dated |       | $      |  |  |
|  | S.T.A. # |       | dated |       | $      |  |  |
|  | S.T.A. # |       | dated |       | $      |  |  |
|  |  |  |  |  |  |  |  |
|  | Total Change Orders/S.T.A. ADDING to cost of Agreement . . . . . . . . . . . . . . . . . . .  |  | $      |
|  |  |  |  |  |  |  |  |
| **LESS:** | Change Order # |       | dated |       | $      |  |  |
|  | Change Order # |       | dated |       | $      |  |  |
|  | Change Order # |       | dated |       | $      |  |  |
|  |  S.T.A.# |       | dated |       | $      |  |  |
|  | S.T.A. # |       | dated |       | $      |  |  |
|  | S.T.A. # |       | dated |       | $      |  |  |
|  |  |  |  |  |  |  |  |
|  | Total Change Orders/S.T.A. SUBTRACTING from cost of Agreement. . . . . . . . . .  |  | $      |
|  |  |  |
| Total Amount of Current PSA/SPA. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | $      |
|  |  |  |
| Total Amount Completed to Date. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | $      |
| Less Amounts Previously Invoiced . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | $      |
| Amount of this Invoice. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | $      |
| Total Amount Paid to DBE's from above . . . . . . . . . . . . . . . . . . . . . . .  | $      |  |  |
| Name of DBE(s):       |  |  |  |
|  |  |  |  |

Signed Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Dept/Div Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Fiscal Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_