|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | |

# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_