



**SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873**

APPLICATION NUMBER _____

APPLICATION FOR PAYMENT

Facilities Management
Southeast Missouri State University
One University Plaza/MS 7700
Cape Girardeau, MO 63701-4799

OWNER'S PROJECT NUMBER		CONSULTANT'S PROJECT NUMBER	
PROJECT TITLE			
FIRM			
ADDRESS			
CITY		STATE	ZIP

APPLICATION FOR PAYMENT

This application for Payment is made in accordance with the contract. Additional back-up documentation is attached, as required.

1. Original contract lump sum (or limit).....	\$ _____	
2. Net change by revision.....	\$ _____	
3. Total reimbursable expenses (including fee) from previous applications.....	\$ _____	
4. Contract sum to date (line 1+2+3 or same as line 1, if limit).....		\$ _____
5. Amount of Line 4 completed to date.....	\$ _____	
6. Reimbursable costs since last application.....	\$ _____	
7. Fee on reimbursable costs listed on line 6.....	\$ _____	
8. Total earned to date (line 5+6+7).....		\$ _____
9. Less previous applications for payment.....		\$ _____
10. Current payment due (line 8-9).....		\$ _____

The undersigned certifies that, to the best of their knowledge, that above reported work has been performed in accordance with the Contract, that all amounts have been paid by the Consultant for work which previous Applications for Payment were issued and payments received from the Owner, and that the current requested payment is fully due.

BY (PRINT OR TYPE NAME)	SIGNATURE	DATE
-------------------------	-----------	------

OWNER'S APPROVAL

The undersigned certify that, to the best of their knowledge, information, and belief, the Consultant is entitled to payment of the amount approved in accordance with the Contract based upon the progress of the work and the information as stated herein.

AMOUNT APPROVED \$ _____

APPROVAL RECOMMENDED: PROJECT MANAGER, OWNER'S PROJECT MANAGER	SIGNATURE	DATE
VERIFICATION: LARRY HALE, BUDGET ANALYST	SIGNATURE	DATE
APPROVAL RECOMMENDED: N/A	SIGNATURE	DATE
PAYMENT APPROVED/RECOMMENDED: ANGIE MITCHELL, ASST. DIRECTOR, FACILITIES MGMT.	SIGNATURE	DATE
PAYMENT APPROVED/RECOMMENDED (FINAL ONLY): ANGELA MEYER, DIRECTOR, FACILITIES MANAGEMENT	SIGNATURE	DATE
PAYMENT APPROVED/RECOMMENDED (FINAL ONLY): KATHY MANGELS, VICE PRESIDENT	SIGNATURE	DATE