



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

APPLICATION AND CERTIFICATION FOR PAYMENT

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

APPLICATION NUMBER _____

PERIOD TO: _____ Distribution to:

CONTRACT DATE: _____ OWNER
CONST. MANAGER
CONTRACTOR

CONTRACTOR			OWNER'S PROJECT NUMBER	CONSULTANT'S PROJECT NUMBER	
FIRM			PROJECT TITLE		
ADDRESS			CONSULTANT		
CITY	STATE	ZIP	FIRM		
CONTRACTOR'S APPLICATION FOR PAYMENT			ADDRESS		
This Application for Payment is made in accordance with the Contract Documents. Additional back-up documentation is attached, as required.			CITY		
1. Original contract lump sum (or limit)..... \$ _____			STATE		
2. Net change by Change Orders..... \$ _____			ZIP		
# _____ through # _____			The undersigned certify that, to the best of their knowledge, information, and belief, the Contractor is entitled to payment of the amount approved in accordance with the Contract Documents based upon the progress of work and the information as stated herein.		
3. Contract sum to date (line 1 +2)..... \$ _____			AMOUNT CERTIFIED		
4. Completed and stored to date..... \$ _____			CERTIFIED: CONSULTANT'S PROJECT MANAGER		
(Column G of Continuation Sheet)			SIGNATURE		
5. Retainage: _____% of line 4 above..... \$ _____			DATE		
Date Retained Reduction approved _____			APPROVAL RECOMMENDED: PROJECT MANAGER NAME, OWNER'S PROJECT MANAGER, FACILITIES MGMT		
6. Total earned less retainage (line 4 less line 5)..... \$ _____			SIGNATURE		
7. Total of previous Certifications for Payment..... \$ _____			DATE		
8. Current payment due (line 6 - 7)..... \$ _____			VERIFICATION: LARRY HALE, BUDGET ANALYST, FACILITIES MANAGEMENT		
The undersigned Contractor certifies that, to the best of the Contractor's knowledge, the above reported work has been performed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for work which previous Certifications for Payment were issued and payments received from the Owner, and that the current requested payment is fully due.			SIGNATURE		
CONTRACTOR			DATE		
BY (TYPE OF PRINT NAME)		DATE	APPROVAL RECOMMENDED: ANGIE MITCHELL, ASSISTANT DIRECTOR, FACILITIES MANAGEMENT		
SIGNATURE		TITLE	SIGNATURE		
			DATE		
			PAYMENT APPROVED/RECOMMENDED: ANGELA MEYER, DIRECTOR, FAC MGMT (Final Only)		
			SIGNATURE		
			DATE		
			PAYMENT APPROVED: KATHY MANGELS, VICE PRESIDENT (Final Payment Only)		
			SIGNATURE		
			DATE		