

# APPLICATION AND CERTIFICATION FOR PAYMENT

TO OWNER:  
**UNIVERSITY OF WEST FLORIDA  
BOARD OF TRUSTEES  
11000 UNIVERSITY PARKWAY  
PENSACOLA, FL 32514**

PROJECT NAME:
UWF PROJECT #:
PURCHASE ORDER #:

APPLICATION NO.:

Distribution:

	OWNER
	CONSULTANT
	CONTRACTOR

PERIOD TO:

CONTRACT DATE:

FROM CONTRACTOR:

VIA CONSULTANT:

The undersigned Contractor certifies that to the best of the Contractor's knowledge and belief, that all items and amounts shown on the face of this application are correct, that all work has been performed and material supplied in full accordance with the terms and conditions of the contract, and that all just and lawful bills against the undersigned and subcontractors for labor and equipment employed in the performance of this contract have been paid in full in accordance with their terms and conditions.

CONTRACTOR

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract Continuation Sheet attached

1. ORIGINAL CONTRACT SUM		
2. NET CHANGE BY CHANGE ORDERS		
3. CONTRACT SUM TO DATE (Line 1+2)		
4. TOTAL COMPLETED & STORED TO DATE		
5. RETAINAGE: 10% of Line 4		
6. TOTAL EARNED LESS RETAINAGE		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT		
8. LESS CURRENT PAYMENT DUE		
9. BALANCE TO FINISH, INCLUDING RETAINAGE		

By: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

CHANGE ORDER SUMMARY	ADDITIONS OR (DEDUCTIONS)
Total changes approved in previous months	_____
Total approved this month	_____
NET CHANGES by Change Order to date	_____

**CONSULTANT'S CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Consultant certifies to the Owner that to the best of the Consultant's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \_\_\_\_\_

CONSULTANT:

By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

	Signature	Date
PROJECT MANAGER		
DIRECTOR A&E SERVICES		
BUSINESS MANAGER		
ASSOC. VP FACILITIES SERVICES		
PROCUREMENT & CONTRACTS		

<b>FOR UWF USE ONLY</b>	<b>DATE RECEIVED:</b>	
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