



City of Dublin

PROJECT PAYMENT REQUEST

Date: _____ Project: _____ Contractor: _____
P.O. No. _____ Project No. _____ Pay Request No. _____ for period of _____ to _____

Original Contract Cost: _____

Work Completed This Month: _____

Total Contract Work Remaining: _____
(After this request)

Total Work Completed To Date: _____

a.)	Retainage (10 %):	\$	-
			(10% of Work Completed To Date)
b.)	Maximum Retainage:	\$	-
			(5% of Adjusted Contract Cost)

Retainage To Be Withheld: \$ _____ -
(Line a. or b. whichever is less)

Total Amount Paid To Date: _____

Amount Due This Estimate: _____

Date	Change Order
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Change Orders: _____
Minus Contingency: _____
Total Contract Change: _____

Adjusted Contract Cost: _____

Contractor Representative Signature: _____

Date: _____

Approval
Yes No

--	--

Engineering Project Inspector Signature: _____

Date: _____

--	--

City Engineer Signature: _____

Date: _____

--	--

City Finance Director Signature: _____

Date: _____

--	--