

APPLICATION FOR PAYMENT

Number: _____ Period to: _____

TO UNIVERSITY: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, {Facility Name}
AND UNIVERSITY'S REPRESENTATIVE:

FROM CONTRACTOR: _____
ADDRESS: _____
PROJECT NAME: _____
PROJECT NUMBER: _____
FACILITY: _____
CONTRACT DATE: _____
APPLICATION DATE: _____

CHANGE ORDER SUMMARY:

Additions

Deductions

Change Orders approved in previous months: Total: _____

Change Orders approved this month:

Number: _____ Date Approved: _____

_____ Total: _____

NET CHANGE BY CHANGE ORDERS: _____

Application is made for payment under the Contract as shown below and in Schedule 1 attached hereto:

- | | |
|--|----------|
| 1. ORIGINAL CONTRACT SUM | \$ _____ |
| 2. NET CHANGE BY CHANGE ORDERS | \$ _____ |
| 3. CONTRACT SUM TO DATE (Line 1 ± Line 2) | \$ _____ |
| 4. TOTAL AMOUNT COMPLETED TO DATE (Column E on Schedule 1) | \$ _____ |
| 5. RETENTION: 5% of Completed Work (Column H on Schedule 1)* | \$ _____ |
| a. Current Value of Securities Deposited in Escrow | \$ _____ |
| b. Current Value of Retention Deposited in Escrow | \$ _____ |
| c. Retention Held by University | \$ _____ |
| Current Retention Value (a + b + c) | \$ _____ |
| 6. TOTAL EARNED LESS RETENTION (Line 4 less Line 5) | \$ _____ |
| 7. TOTAL AMOUNT PREVIOUSLY PAID | \$ _____ |
| 8. CURRENT PAYMENT DUE (Line 6 less Line 7) | \$ _____ |
| 9. BALANCE TO FINISH, PLUS RETENTION (Line 3 less Line 6) | \$ _____ |

*Pursuant to Article 9.2.2 of the General Conditions.

The undersigned Contractor hereby represents and warrants to University that all Work, for which Certificates For Payment have previously been issued and payment received from University, is free and clear of all claims, stop notices, security interests, and encumbrances in favor of Contractor, any Subcontractor, and any other persons or firms entitled to make claims by reason of having provided labor, materials, or equipment related to the Work.

The following Schedules are attached and incorporated herein, and made a part of this Application For Payment:

- Schedule 1 Cost Breakdown Schedule
- Schedule 2 Certification of Current Market Value of Securities in Escrow in Lieu of Retention
- Schedule 3 List of Subcontractors
- Schedule 4 Declaration of Releases of Claims

(Contractor)

By: _____
(Name)

(Title)

DECLARATION

I, _____, hereby declare that I am the _____ of Contractor submitting this Application For Payment; that I am duly authorized to execute and deliver this Application For Payment on behalf of Contractor; and that all information set forth in this Application For Payment and all Schedules attached hereto are true, accurate, and complete as of its date.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was subscribed at

_____, _____, State of _____

on _____, 20____.

(Signature)

(Print Name)

PROJECT NAME: _____
PROJECT NUMBER: _____
FACILITY: _____
CONTRACT DATE: _____

APPLICATION NUMBER: _____
APPLICATION DATE: _____
PERIOD TO: _____
CONTRACTOR: _____

SCHEDULE 1
TO
APPLICATION FOR PAYMENT
COST BREAKDOWN

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>
ITEM NO.	DESCRIPTION OF WORK ACTIVITY OR OTHER ITEM	SCHEDULED VALUE	% COMPLETE TO DATE	TOTAL AMOUNT COMPLETED TO DATE (C x D)	TOTAL AMOUNT COMPLETED ON PRIOR APPLICATION FOR PAYMENT	AMOUNT OF THIS APPLICATION (E - F)	RETENTION (5% x E)

PROJECT NAME: _____
CONTRACTOR: _____
PROJECT NUMBER: _____
APPLICATION NUMBER: _____

SCHEDULE 2
TO
APPLICATION FOR PAYMENT

CERTIFICATION OF CURRENT MARKET VALUE
OF SECURITIES IN ESCROW IN LIEU OF RETENTION

As of _____, 20__ (not earlier than 5 days prior to the date of the Application For Payment of which this certification is a part), the aggregate market value of securities on deposit in Escrow

Account No. _____ with _____
(Escrow Agent)

is _____ Dollars (\$_____).

(Escrow Agent)

By: _____
(Name)

(Title)

Date: _____

(Contractor)

By: _____
(Name)

(Title)

Date: _____

NOTE: Notary acknowledgment for Contractor and Escrow Agent must be attached.

PROJECT NAME: _____

CONTRACTOR: _____

PROJECT NUMBER: _____

APPLICATION NUMBER: _____

SCHEDULE 3
TO
APPLICATION FOR PAYMENT

LIST OF SUBCONTRACTORS

Subcontractors listed below are all Subcontractors furnishing labor, services, or materials for the period referred to in the Application For Payment referenced above, of which this Schedule 3 is a part:

<u>Name of Subcontractor</u>	<u>Subcontracted Work Activity</u>	<u>Date Work Activity Completed</u>
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(Contractor)

By: _____
(Name)

(Title)

Date: _____

SAMPLE

PROJECT NAME: _____
CONTRACTOR: _____
PROJECT NUMBER: _____
APPLICATION NUMBER: _____

SCHEDULE 4
TO
APPLICATION FOR PAYMENT

DECLARATION OF RELEASE OF CLAIMS

Contractor hereby certifies that attached hereto are releases and waivers of claims and stop notices from all Subcontractors furnishing labor, services, or materials covered by the Certificate For Payment dated _____, 19____, except those listed below:

(Contractor)

By: _____
(Name)

(Title)

Date: _____