**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:

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 (if applicable): 5% of Completed Work (Column H on Schedule 1) $

 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) $

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 List of Subcontractors

 Schedule 3 Declaration of Releases of Claims

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contractor)

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

(Printed 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)

(Printed Name)

PROJECT NAME: APPLICATION NUMBER:

PROJECT NUMBER: APPLICATION DATE:

FACILITY: PERIOD TO:

CONTRACT DATE: CONTRACTOR:

SCHEDULE 1

TO

APPLICATION FOR PAYMENT

COST BREAKDOWN

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A  | B  | C  | D  | E  | F  | G  | {DELETE IF NO RETENTION} H  |
|  ITEM NO.  | DESCRIPTION OF WORK ACTIVITYOR OTHER ITEM  | SCHEDULED VALUE  | % COMPLETETO DATE  | TOTAL AMOUNTCOMPLETEDTO DATE (C x D)  | TOTAL AMOUNTCOMPLETED ONPRIOR APPLICATION FOR PAYMENT  | AMOUNTOF THISAPPLICATION(E - F)  |  RETENTION  (5% x E)  |
|  |  |  |  |  |  |  |  |

PROJECT NAME:

CONTRACTOR:

PROJECT NUMBER:

APPLICATION NUMBER:

SCHEDULE 2

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:

|  |  |  |
| --- | --- | --- |
|  Name of Subcontractor  |  Subcontracted Work Activity  |  Date Work Activity Completed  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

(Contractor)

By:

(Name)

(Title)

Date:

PROJECT NAME:

CONTRACTOR:

PROJECT NUMBER:

APPLICATION NUMBER:

SCHEDULE 3

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: