



**CONSTRUCTION CONTRACT/AGREEMENT
APPLICATION AND CERTIFICATION FOR**

**Official City of Chandler
Use Only**

PAYMENT # _____

Check if FINAL payment: _____

Date Rec'd: _____

Record ID: _____

Date Recorded: _____

Project Name: _____

Project No.: _____ Federal/ADOT No. (if applicable): _____

Pay Period Beginning: _____ Ending: _____ City Contact Name: _____

Total Time Elapsed: _____%

Contractor Information:

Name: _____ Invoice #: _____

Remit to Address: _____

Contact Name: _____ Phone: _____ Email Address: _____

Change Order Summary			
No.	Date	Amount	Calendar Days
		\$	
		\$	
		\$	
		\$	

Application is made for payment as shown below and on the attached Payment Schedule Summary Sheet in accordance with the Contract Documents.

**RED FIELDS AUTO CALCULATE
Do not enter amount manually**

1. Original Contract Price: \$ _____

2. Change Orders to Date: \$ _____

3. Adjusted Contract Price (Line 1 +2): \$ _____

4. Total Amount Due to Date:
(per attached Payment Schedule): \$ _____
Work Completed to Date: _____%

5. Total Amount Retained to Date: \$ _____
_____ % Held

\$ _____ If Escrow, Amount on Deposit
(attach current bank statement)

6. Total Amount Earned to Date (Line 4 - 5): \$ _____

7. Total Previous Certificates for Payment: \$ _____

8. Federal Penalties if Applicable (per City): \$ _____
Deduct Penalties (-) or Credit Reimb (+)

9. Current Payment Due (Line 6 - 7 - or + 8): \$ _____

Contract Time Summary (applicable milestones per contract)	
Limited NTP Date (if applicable):	
Notice to Proceed (NTP) Date:	
Original Contract Duration:	Calendar Days
Change Orders:	Calendar Days
Revised Contract Duration:	Calendar Days
Substantial Completion:	
Final Acceptance:	

Contractor's Certification

The undersigned contractor certifies that the work covered by this Application for Payment has been completed in accordance with the Contract Documents; that all amounts have been paid for work which previous Certificates of Payment were issued and payments received from the Owner, and that the current payment requested as shown is current, accurate and complete.

Consultant's/Engineer's Certification

The Consultant/Engineer has reviewed this Application; accompanying data; and schedules and, having made on-site observation of the work consistent with his assigned responsibilities, certifies that the best of his knowledge and belief the quality of the quality of the work performed is in accordance with the Contract Documents; that the work has progressed as indicated herein; and that the Contractor is entitled to payment in the amount shown above.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Engineer's Name: _____ Email: _____

Official City of Chandler Use Only PO #:

Approved By: _____ *Budget Account #'s:* _____

Project Manager _____ *Date*

CIP Supervisor _____ *Date*

Email PDF Signed Payment Application to: CapitalProjects.Payables@chandleraz.gov

Revised: 4/14/23

Or Submit to: City of Chandler, Capital Projects MS 407, PO Box 4008, Chandler, AZ 85244