



**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)	
<b>Limited NTP Date (if applicable):</b>	
<b>Notice to Proceed (NTP) Date:</b>	
<b>Original Contract Duration:</b>	Calendar Days
<b>Change Orders:</b>	Calendar Days
<b>Revised Contract Duration:</b>	Calendar Days
<b>Substantial Completion:</b>	
<b>Final Acceptance:</b>	

**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](mailto:CapitalProjects.Payables@chandleraz.gov)**

**Revised: 4/14/23**

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