



**PROFESSIONAL SERVICES 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: \_\_\_\_\_%

**Consultant Information:**

Name: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contract Amendment 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. Contract Amendments to Date:** \$ \_\_\_\_\_

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

**4. Total Amount Due to Date:  
(per attached Payment Schedule)** \$ \_\_\_\_\_

**Work Completed to Date:** \_\_\_\_\_%

Contract Time Summary (applicable milestones per contract)	
Notice to Proceed (NTP) Date:	
Original Contract Duration:	Calendar Days
Contract Amendments:	Calendar Days
Revised Contract Duration:	Calendar Days
Contract Expiration Date:	

**5. Total Previous Certificates for Payment:** \$ \_\_\_\_\_

**6. Federal Penalties if Applicable (per City): \$  
Deduct Penalties (-) or Credit Reimb (+)** \_\_\_\_\_

**7. Current Payment Due (Line 4 - 5 - or +6):** \$ \_\_\_\_\_

**Consultant's/Engineer's Certification**

The undersigned 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.

Authorized Signature

Date

**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