

APPLICATION AND CERTIFICATE FOR PAYMENT

CITY OF RACINE

DEPARTMENT OF PUBLIC WORKS

To: Commissioner of Public Works
 730 Washington Avenue -- Room 303
 Racine, Wisconsin 53403

Contractor _____

Address _____

Contract No. _____

Payment No. _____

Contract Name _____

Period from _____ to _____

CHANGE ORDER SUMMARY:			ADDITIONS \$	DEDUCTIONS \$
Change Orders Approved in Previous Months by Owner				
TOTAL				
Subsequent Change Orders				
No.	Approval Date	Resolution No.		
TOTAL				
Net Change by Change Orders				

Original Contract Bid \$ _____

Net Change by Change Orders \$ _____

Contract to Date (Including Change Orders) \$ _____

Total Work Completed to Date \$ _____

Retainage ____ % of _____ \$ _____

Total Earned Less Retainage \$ _____

Less Previous Payments

#1 _____

Total of Previous Payments \$ _____

APPROVED AND PAYMENT AUTHORIZED:

 Project Engineer Date

 Department Head Date

 Commissioner of Public Works Date

CURRENT PAYMENT DUE: \$ _____