TO: DIRECTOR, DEPARTMENT OF PUBLIC WORKS, PINAL COUNTY, P.O. BOX 727
31 N. PINAL STREET, (BUILDING F) FLORENCE, AZ. 85232

PROJECT DESCRIPTION:  

PAYMENT REQUEST NO.

Period of Performance to

Project No. ADOT Project No. Contract No. Date of NTP

FIRM’S NAME Date

FIRM’S ADDRESS Tele. No.

A. Consultant fee per contract

1. Contract Amount (Basic Fee) $ ____________

2. Add Allowances and/or Change Orders $ ____________

3. Total Allowances/Change Orders $ ____________

4. Total Contract Amount (including additions) $ ____________

B. Consultant fee earned to date

(Please attach documentation to support changes)

1. *Value of work completed % × = $ ____________
   (Basic Fee)
   (include change orders that increase basic fee)

2. Add payment for Allowance and/or Change Orders that increase Allowances Attach invoice(s)

3. Total of Allowances and/or Change Orders $ ____________

4. Total Earned to Date $ ____________

5. Less Amount Previously Requested $ ____________

6. Total Requested this Payment $ ____________

Submitted by ____________________________ Date ____________
Consultant Project Manager

Checked by ____________________________ Date ____________
Project Engineer

Approved by ____________________________ Date ____________
County Engineer / Director

NOTE
- All Progress Payments are subject to limitations specified in contract, a Consultant Progress Report must accompany this payment request.

Revised as of 3/20/02