

PROJECT: _____
RESEARCH AND EXTENSION CENTER
DATE: _____

Project Number: _____

APPLICATION FOR PAYMENT

Number: _____ Period to: _____

TO UNIVERSITY: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, Hopland Research And Extension Center

AND UNIVERSITY'S REPRESENTATIVE:

FROM CONTRACTOR:

ADDRESS: _____

PROJECT NAME: _____

PROJECT NUMBER: _____

FACILITY: _____

CONTRACT DATE: _____

APPLICATION DATE: _____

CHANGE ORDER SUMMARY:	Additions	Deductions
Change Orders approved in previous months:	Total: _____	

Change Orders approved this month:

Number: _____ Date Approved: _____

Number: _____ Date Approved: _____

Total: _____

NET CHANGE BY CHANGE ORDERS: \$

Application is made for payment under the Contract as shown below and in Schedule 1 attached hereto:

- | | |
|---|----|
| 1. ORIGINAL CONTRACT SUM | \$ |
| 2. NET CHANGE BY CHANGE ORDERS | \$ |
| 3. CONTRACT SUM TO DATE (Line 1 ± Line 2) | \$ |
| 4. TOTAL AMOUNT COMPLETED TO DATE (Column E on Schedule 1) | \$ |
| 5. RETENTION (if applicable): 5% of Completed Work (Column H on Schedule 1) | \$ |
| 6. TOTAL EARNED LESS RETENTION (Line 4 less Line 5) | \$ |

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7. TOTAL AMOUNT PREVIOUSLY PAID	\$
8. CURRENT PAYMENT DUE (Line 6 less Line 7)	\$
9. BALANCE TO FINISH, PLUS RETENTION (Line 3 less Line 6)	\$

The undersigned Contractor hereby represents and warrants to University that all Work, for which Certificates For Payment have previously been issued and payment received from University, is free and clear of all claims, stop notices, security interests, and encumbrances in favor of Contractor, any Subcontractor, and any other persons or firms entitled to make claims by reason of having provided labor, materials, or equipment related to the Work.

The following Schedules are attached and incorporated herein, and made a part of this Application For Payment:

- Schedule 1 Cost Breakdown Schedule
- Schedule 2 List of Subcontractors
- Schedule 3 Declaration of Releases of Claims

(Contractor)
By: _____
(Printed Name)

(Title)

DECLARATION

I, _____, hereby declare that I am the _____ of Contractor submitting this Application For Payment; that I am duly authorized to execute and deliver this Application For Payment on behalf of Contractor; and that all information set forth in this Application For Payment and all Schedules attached hereto are true, accurate, and complete as of its date.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was subscribed at

_____, _____, State of _____ on _____, 20__

(Signature)

(Printed Name)