

State of Idaho
 BOISE STATE UNIVERSITY
**ARCHITECT/ENGINEER
 REQUEST FOR PAYMENT**
 SUBMIT ONE ORIGINAL

PROJECT NO.	
CODE	AMOUNT
AE	
RE	
Date	

Name and Location of Project	Date
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Name and Address of Architect/Engineer
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Request No.	For Period
	TO

A. BASIC SERVICES					
DESCRIPTION OF ITEM (1)	AGREEMENT AMOUNT (2)	% COMP (3)	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)
TOTAL OF BASIC SERVICES COLUMNS					

B. REIMBURSABLE EXPENSES					
DESCRIPTION OF ITEM	AMOUNT AUTHORIZED				
TOTAL OF REIMBURSABLE COLUMNS					

C. TOTAL BASIC AND REIMBURSABLE					
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ANALYSIS OF WORK PERFORMED

Amount of Basic Services completed to date (line A4).....

Amount of Reimbursable Expenses to date (line B4)

Total amount of work performed to date (line C4)

Less: Amount of previous payment (line C5)

BALANCE DUE THIS APPLICATION (line C4 minus line C5).....

CERTIFICATION OF ARCHITECT/ENGINEER

I certify that the foregoing is just and correct and the amount claimed is legally due after showing all just credits.

Requested by Architect/Engineer	Date	
I certify that I have reviewed the above application, to the best of my knowledge it is in accord with contract requirements and the estimated quantities are correct.		
Recommended by DPW Project Manager	Date	DCM
Approved by Boise State University	Date	