## 00 60 00 - Standard Contract Administration Forms (Multiple)

University of Illinois			DATE: /	<u>/</u>	Banner Doc #				
PAYMENT	CONTRA				<b>or</b> (mark appropri <b>S)</b>	ate box)	Address S	equenc	э:
						1	Address C	ode:	
		2500.		PR	ROJECT #:				
City:				State:	Z	'in·	Check Pri 1099?	nt Locat	ion: N
CONTRACT	DIVISION:						Encl?	Y	N
	FERENCE.				IBRANCE #		OBFS App	proval:	
APPLICATIC	DN #: D:/ /	TO <u>//</u> /	_		PAYMENT? ER VENDOR NUME	Y N BER:			
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3.1 Tota 3.2 Less 3.3 Less	s9 s Payments Pre	icant's Work Comp 6 retained (round to viously Certified ue to Applicant				- \$ - \$ \$			
4.1       Assigned Subcontractor's Certification         I certify that the work covered by this application for payment has been completed to the point indicated herein, that the completed work is in accordance with the contract documents, and that the current payment identified above is now due. I further certify that, immediately upon receipt of the above payment, all Subcontractors, if any, will be promptly paid.         By:				Lagree that the Assigned Subcontractor's progress and performance to date on this project is					
NOI					Ву:	Authorized Representative	Da	ite:	
A.3 Professional Services Consultant's Certification *     PSC:     Based on the contract documents, my own observations of the progress of the work and the data     comprising the above application, I certify to the Owner that the work has progressed to the point     indicated, that the quality of the work appears to be in accordance with the contract documents, and that     the Applicant is entitled to payment of the amount certified by him as being currently due.     By:Date:     Authorized Representative (Place "N/A" on line if not applicable)					4.4       Owner's Representative's Approval *         University of Illinois-construction unit responsible for the named project I approve payment of the amount certified above.         By:				
* Certification o	nly required for Co	ontractor's Payment Ap	pplication						
				CFOAPAL (*re			_		
Chart *	Fund *	Organization *	Account *	Program *	Activity	Location	SEQ #	\$	\$

Chart *	Fund *	Organization *	Account *	Program *	Activity	Location	SEQ #	\$
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AUTHORIZED DEPAR	MENT APPROVAL	FOR OFFICE OF BUSINESS AND FINANCIAL SERVICES	SORT
A CONTRACT OF CONT	WE, THE UNDERSIGNED, HEREBY CERTIFY THAT THE PAYEE HAS SIGNED A STATEMENT, AS REQUIRED BY THE ILLINOIS PROCUREMENT CODE, AND THAT THE ABOVE BILL IS CORRECT AND PAYABLE FROM THE APPROPRIATION SHOWN. <u>X</u> AUTHORIZED CERTIFIER	CHAIRPERSON, BOARD OF	TRUSTEES

Distribution: 
□ University of Illinois construction unit responsible for the named project

Professional Services Consultant
 Contractor
 Applicant