University of Illinois				DATE:	Banner Do	oc#			
PAYMENT APPLICATION: PART I - PAYMENT CERTIFICATE f			RTIFICATE fo		Address S	Address Sequence:			
UNASSIGNED CONTRACTOR									
PROFESSIONAL SERVICES CONSULTANT (PSC)									
CONSTRUCTION MANAGER (CM)									
						Address Code:			
PROJECT NAME:P				ROJECT #:					
APPLICANT NAME & ADDRESS:				_		Check Prin	nt Locatio	n:	
City:				tate:	Zip:	1099?	Υ	N	
CONTRACT DIVISION:				Encl? Y N			N		
City: S CONTRACT DIVISION: S VENDOR REFERENCE: ENC				MBRANCE # OBFS Approval:					
APPLICATION #: PAY PERIOD: / / TO / /				L PAYMENT?					
PAY PERIOD:	// TO //			NER VENDOF					
<u>-</u>						_			
4.0 CURRE		EMENT AMO	INIT						
	NT CONTRACT/AGRE			olicablo		¢			
1.1 Applicant's Accepted Base Bid and Alternates or Fee as applicable 1.2 Authorized Change Orders/Amendments for Applicant's Added Work: + \$									
1.2 Authorized Change Orders/Amendments for Applicant's Added Work: + \$									
1.3 Authorized Change Orders/Amendments for Applicant's Deleted Work: \$									
1.4 TOTAL	(1.1 tillough 1.3)					Ψ			
	NT PAYMENT DUE								
2.1 Total Value of Applicant's Work Completed to Date \$									
2.2 Less% retained (round to nearest dollar): - \$									
2.3 Less Payments Previously Certified - S									
2.4 Current	2.4 Current Payment Due to Applicant \$								
ļ.									
3.1 Applicant's Certification 3.3 Profession					sional Services Co	nsultant's C	ertifica	tion	
I certify that the work covered by this application for payment has been completed to the point indicated				PSC:	PSC:				
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				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					
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: Authorized Representative				indicated, that the quality of the work appears to be in accordance with the contract documents, and that					
By:Authorized Representative Date				the Applicant is entitled to payment of the amount certified by him as being currently due. By:					
				By: Authorized Representative					
Ž	:	Date							
3.2 Construction Manager's Certification (if applicable)					3.4 Owner's Representative's Approval University of Illinois-construction unit responsible for the named project				
S CM:	ontract documents my own observation	Langrava navment of the amount cortified above							
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				Bv:					
3.2 Construction Manager's Certification (if applicable) CM: 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.				Authorized Representative Date					
T Bv:									
Date	Authorized Repres	sentative							
			CFOAPAL (*re	equired fields)					
Chart *	Fund * Organization *	Account *	Program *	Activity	Location	SEQ#	¢	\$	
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	DEMENT ADDITION						,	10000	
AUTHORIZED DEPARTMENT APPROVAL					FOR OFFICE OF BUSINE SERVICES	SS AND FINANCIA	\L 	SORT	
WE, THE UNDERSIGNED, HEREBY CERTIFY THAT THE PAYEE HAS SIGNED REQUIRED BY THE ILLINOIS PROCUREMENT CODE, AND THAT THE ABOVI								_	
AT SUING & LANGE	AND PAYABLE FROM THE AF			J.L DILL IS CORREC	.				
IND THE STATE OF T	<u>x</u>								
AUTHORIZED CERTIFIER					CHAIRPERSON, BOARD OF TRUSTEES				
TRIERED 18									
Distribution: Univ	rersity of Illinois construction u	nit responsible for t	the named project	☐ Professional	Services Consultant 🗆 0	CM 🗆 Appli	cant		