



# Payment Request Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ PGM Project No.: \_\_\_\_\_

Project Name: \_\_\_\_\_ Contract No.: \_\_\_\_\_

City Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

City of Phoenix Departmental Cost Center No.: \_\_\_\_\_

1. This payment request \$ \_\_\_\_\_

2. Total task budget \$ \_\_\_\_\_

3. Total work completed \_\_\_\_\_%

4. Total payments to date for task \$ \_\_\_\_\_

5. Total task budget remaining \$ \_\_\_\_\_

6. Authorized expenditures remaining on Annual Services contract \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Affirmative Action Compliance Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

cc: City Archaeologist