

Payment Request Form

Date: ____/____/____ Invoice No. _____ PGM/SVM Project No.: _____

Project Name: _____ Contract No.: _____

City Department: _____ Purchase Order No.: _____

Contact Person: _____ Phone: _____

City of Phoenix Departmental Cost Center No.: _____

1. Amount of original approved Task Budget \$ _____

2. Total of Change Orders and Amendments to Task Budget \$ _____

3. Total amended Task Budget (line 1 + line 2) \$ _____

4. Total invoices to date for this task \$ _____

(Total dollar amount for all invoices submitted for this task, **excluding** current request)

5. This payment request \$ _____

(Total dollar amount that is being requested with this invoice)

6. Total work completed to date _____% \$ _____

(Percentage/dollar amount of budget used [line 4 + line 5 combined / line 3])

7. Total task budget remaining \$ _____

(Line 3 minus Line 6)

Instructions for invoicing: Hourly rates and staff types must be consistent with master contract and task proposal. Direct expenses must be listed separately and must match original task proposal and/or task amendment. Receipts for direct expenses must be included with invoice and must clearly identify the specific expense. Use additional sheets as needed.

Submitted by: _____ Date: ____/____/____

Title: _____

Approved by: _____ Date: ____/____/____

Affirmative Action Compliance Expiration Date: ____/____/____

Insurance Expiration Date: ____/____/____

cc: City Archaeologist