

Note: This form must be used for all consultant, CM, and construction payments and must be attached to the top of the Payment Package.

Part I: Payment Data (To be completed by PM)

Project Name/Description _____

Print Project Manager Name _____ Program Unit _____ Telephone Number _____ Email Address _____

Contractor _____ Telephone Number _____ Email Address _____

Contract Type: (Check all that apply)

- Capital Expense Consultant Construction Lump Sum Unit Price
- Requirements JOCS CM Manage CM Build/Design Build

Other (Please state): _____ **Contract Registration Number:** _____

Completion Contract? YES NO If Yes, Previous Contract Registration Number: _____

FMS ID (S): _____ **FMS CODES** (If more than one): _____

Pay Period: From _____ to _____ **Task/Work Order Number:** _____ **Payment Number:** _____

Payment Type: (Check all that apply)

- Last Partial Change Order Task/Work Order Substantial Final Retainage
- Bond Release Bond Subst. Article 16 (17) Other (Please state): _____

Payment Amount Due \$: _____ (Line 10 from Part D or C of construction Payment Requisition; Part B of consultant Requisition)

Part II: Processing Dates (To be completed by applicable unit)

| Unit | In Date (MM/DD/YY) | Rejection Date (MM/DD/YY) | Reason for Rejection* | Resubmittal Date (MM/DD/YY) | Sign-Off/Approval Date (MM/DD/YY) (IRA) | Out Date (MM/DD/YY) |
|--------------|-----------------------|------------------------------|-----------------------|--------------------------------|--|------------------------|
| RE/PM | | | | | (Clock starts) | |
| EAO | | (Clock stops) | | | ** (Clock restarts) | |
| CFO Auditing | | (Clock stops) | | | ** (Clock restarts) | |

* Please attach 'Return of Contractor/Consultant Requisition for Payment' form as required.

** For Resubmittals only

CFO Revised Payment Number: _____

Part III: Required Signatures/Approvals

Public Buildings (For all payments)

PM Sign-off _____
Signature (DDC Employee only) _____ (Fill in date in Part II above)

For Substantial and Final Payments & Guarantee Releases (inc. all Last Partial & Final payments on JOCS/Requirements Contracts):

Program Director _____
Print Name _____ Signature _____ Date (MM/DD/YY) _____

For Final (100%) Design, Substantial and Final Payments (including all Last Partial & Final payments on JOCS/Requirements Contracts):

Permits and Approvals _____
Print Name _____ Signature _____ Date (MM/DD/YY) _____

EAO (For all payments)

EAO Auditor _____
Print Name _____ Signature _____ Date (MM/DD/YY) _____

CFO (For all payments)

CFO Auditor _____
Print Name _____ Signature _____ Date (MM/DD/YY) _____

(If Resubmission, fill in date in Part II above)

(If Resubmission, fill in date in Part II above)

NOTE: If PM has any comments on this payment, please record these comments on the back of this sheet.

Please check if yes.