

DDC PAYMENT ROUTING AND SIGNATURE SHEET

Division of Infrastructure

(Note: This form must be attached to the top of the Payment Package.)

Part I: PAYMENT DATA

(To be completed by RE/EIC)

1. PROJECT NAME/DESCRIPTION _____

PROJECT LOCATION (INC. BORO) _____

2. PRINT RE/EIC NAME* _____ Tele. # _____ Fax # _____

3. RE'S/EIC'S BORO OFFICE*: BX/NQ QS BK JM SI CSU Design Cell/Beeper # _____

4. CONTRACTOR _____ Tele. # _____ Fax # _____

5. CONTRACT TYPE: (Check all that apply) Capital Expense Construction Lump Sum Unit Price Requirements JOCS
 CM Build/Design Build Other (Please state) _____

6. CONTRACT REGISTRATION NO. _____

7. COMPLETION CONTRACT? YES NO. IF YES, PREVIOUS CONTR. REG. # _____ 8. FMS (CAPIS) ID (S) _____

9. FMS CODES (If more than one) xxxxxxxxxxxx (SEE REQUISITION) xxxxxxxxxxxx 10. PAY PERIOD: FROM _____ TO _____

NO PAYROLLS FOR THE PERIOD FROM _____ TO _____ SUBMITTED BECAUSE _____

PAYROLLS FOR THIS WORK PREVIOUSLY SUBMITTED** LL77 MONTHLY REPORTING FORM FOR THIS PERIOD PREVIOUSLY SUBMITTED

11. TASK/WORK ORDER # _____ 12. PAYMENT NO. _____ 13. PAYMENT TYPE: (Check all that apply) Partial Last Partial**

Change Order Task/Work Order Substantial Final Retainage Bond Release Bond Subs. Article 16

Other (Please state) _____ 14. PAYMENT AMT. DUE xxxx (SEE REQ.) xxxx

* DDC Employee's name and borough office.

** Last payment on an individual Task/Work Order. *** List specific dates (inclusive period) that work covered in this payment was performed on back of this sheet.

PART II: PROCESSING DATES

(To be completed by applicable unit)

UNIT	IN DATE	REJECT. DATE	REASON FOR REJECTION *	RESUBMITTAL DATE	SIGN-OFF/APPROVAL DATE (IRA)	OUT DATE
RE/EIC (DDC Employee)					(Clock starts)	
CFO Accounting		(Clock stops)			** (Clock restarts)	
EAO		(Clock stops)			** (Clock restarts)	
CFO Auditing		(Clock stops)			** (Clock restarts)	

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

CFO Revised Payment No. _____

** For Resubmittals only.

PART III: REQUIRED SIGNATURES/APPROVALS

A. INFRASTRUCTURE (For all payments)

RE/EIC Sign-off Signature _____ (Fill in date in Part II above)

(DDC Employee only) _____ Date: _____

Engineer-In-Charge _____ (Print name) _____ (Signature) _____

For Substantial and Final Payments:

Dep. Boro. Dir. _____ (Print name) _____ (Signature) _____ Date: _____

For Guarantee Releases only:

Construction Support Unit _____ (Print name) _____ (Signature) _____ Date: _____

B. EAO (For all payments)

EAO Auditor _____ (Print name) _____ (Signature) _____ Date: _____

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

C. CFO (For all payments)

CFO Accountant _____ (Print name) _____ (Signature) _____ Date: _____

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

CFO Auditor _____ (Print name) _____ (Signature) _____ Date: _____

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

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

Please check if yes.