



**Section I. Contractors Application for Payment**

Project Title		WSDOT Contract No.	
Contractor Name and Address		Phone (Include Area Code)	
Period From:	To:	Application Date	Work Days Used
		Application No.	
1. Original Contract Sum _____ 2. Net Change by Change Order _____ 3. Contract Sum to Date (Line 1 + Line 2) _____ 4. Total Completed and Stored to Date _____ 5. State Sales Tax on total Completed and Stored _____ 6. Total earned plus Sales Tax (Line 4 + Line 5) _____ 7. Less previous Certificates for Payment (including State Sales Tax) _____ 8. Current Payment Due (Line 6 less Line 7) _____ 9. Balance to Finish (Line 3 less Line 4) _____			

**Section II. Change Order Summary**

	No.	\$ Additions	\$ Deductions	Work Days	Net Change
1. Change orders approved by State through previous Certificate for Payment					
2. Change orders approved by State, this Certificate					
3. Totals (not including state sales tax)					
4. Contract duration: <ul style="list-style-type: none"> <li>a. Original contract (days) _____</li> <li>b. Net change by change order _____</li> <li>c. Current status _____</li> </ul>					

**Section III. Certificate for Payment**

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by the Application for Payment has been completed in accord with the Contract Documents, that all amounts have been paid by the Contractor for work for which previous Certificates for Payment were issued and payments received from the State, and that current payment shown herein is now due.

CURRENT PAYMENT DUE \$ \_\_\_\_\_

Contractor: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

In accord with the Contract Documents based on on-site observations and the data comprising the above application, the Project Administrator certifies that, to the best of his/her knowledge, information, and belief, the work has progressed as indicated, the quality of the Work in accord with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ \_\_\_\_\_

(Attach explanation if amount certified differs from the amount applied for)

Project Administrator: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the State or Contractor under this Contract.

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