# CITY OF TALLAHASSEE
## CONTRACT PAY REQUEST

1. **Date:** _________  
   **Payment From:** __________  
   **To:** ___________  
   **Payment #:** ___________  
   **Contract #:** ______________

2. **Contractor:**

3. **Payee:** (If different from the Contractor)

4. **Contract For:**

5. **Number of Change Order(s) to date:**
   **Contract Start Date:**

6. **Original Contract Amount:**
   **Original Completion Date:**

7. **Change Order (Addition(s)):**
   **Original Contract Time:** (Cal.Days)

8. **Change Order (Deduction(s)):**
   **Authorized Extension:** (Cal.Days)

9. **Adjusted Contract Amount:**
   **Amended Contract Time:** (Cal.Days)

10. **Previous Payment(s):**
    **PD #:**
    **Original Contract Time:**
    **Amended Contract Time:**

11. **Balance Before Retainage(line 9-10):**
    **Time Lapsed To Date:** (Cal.Days)

12. **Previous Retainage to date:**

13. **Balance (line 11-12):**

14. **Material Suitably Stored (attach list & invoices):**

15. **Total To Date (add lines 14&15):**

16. **Total Retainage:**

17. **Amended Contract Time:**

18. **Amended Completion Date:**

19. **Amount Requested (subtract lines 17 & 18 from 16):**

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**CERTIFICATE OF THE CONTRACTOR:** According to the best of my knowledge and belief, I certify that all items and amounts shown on the face of this Certificate are correct, that all work has been performed and material supplied in full accordance with the terms and conditions of this Contract. I further certify that all just and lawful bills against the undersigned and his sub-contractors for labor, material and equipment employed in the performance of this Contract have been paid in full in accordance with their terms and conditions. I hereby certify that all provisions of Section 446.101 F.S. as amended by Chapter 72.113 Laws of Florida 1972 regarding apprentices and payment of wages have been complied with by me and to the best of my knowledge and belief by all sub-contractors.

State of:   County of:

(Contractor)

Executed this day of AD 19   

(Signature)

The foregoing instrument was acknowledged before me this _____ day of _____, 19___, by ___________________, (Name) who is personally known to me or has produced ______________________ (as identification) and who did (did not) take an oath. Contractor named above, who, says that the facts contained in the foregoing Certificate of Partial Payment are true and correct.

20. **NOTE: THIS SECTION TO BE COMPLETED FOR CONSTRUCTION PROJECT IF APPLICABLE:**

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<th>PD#</th>
<th>FUND#</th>
<th>CC #</th>
<th>OBJ#</th>
<th>PROJ #</th>
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21. **Approved By Project Manager**
    **Date:** 23. _________

22. **Approved By Department Head**
    **Date:** 24. _________

23. **Approved By City Manager**
    **Date:**

24. **Approved By Treasurer-Clerk**
    **Date:**

Rev. 11/15/99