

**CONTRACT PAYMENT REQUEST**

**DATE:** \_\_\_\_\_

TO: Facilities Services Accounting  
Oregon State University  
3015 SW Western Blvd.  
Corvallis, OR 97333

Payment Request No. \_\_\_\_\_ Contract No. \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

Project:

\_\_\_\_\_

Original Contract Amount .....\$ \_\_\_\_\_

Change Orders (Net Amount) .....\$ \_\_\_\_\_

Contract Total to Date .....\$ \_\_\_\_\_

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Total Completed and Stored to Date .....\$ \_\_\_\_\_

Less Retainage (5%), if applicable .....\$ \_\_\_\_\_

Total Earned, Less Retainage (if applicable).....\$ \_\_\_\_\_

Less Previous Payments .....\$ \_\_\_\_\_

**Net Amount Due this Request .....\$ \_\_\_\_\_**

The undersigned Contractor certifies that, to the best of his/her knowledge, information, and belief, the Work covered by this request has been completed in accordance with the Contract Documents, that all amounts have been paid for Work for which previous applications for Payment were issued and payments received from the Owner, and that the amount shown herein is now due.

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

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

Federal Tax ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_