

FLORIDA ATLANTIC UNIVERSITY BOARD OF TRUSTEES  
CERTIFICATE OF PARTIAL PAYMENT

Request No: \_\_\_\_\_ A/E Job No: \_\_\_\_\_ Project No: \_\_\_\_\_  
 Project \_\_\_\_\_  
 Contractor: \_\_\_\_\_  
 Contract Time (calendar days): \_\_\_\_\_ No. of Days Elapsed to Date: \_\_\_\_\_

	ADDITIONS	DEDUCTIONS
Change Orders approved to date	\$	\$
Net Amount of Change Orders		

<b>ORIGINAL CONTRACT SUM</b>	\$ _____
ADJUSTED CONTRACT SUM	_____
BALANCE TO FINISH	_____
COMPLETED TO DATE	_____
MATERIALS STORED	_____
TOTAL COMPLETED AND STORED	_____
LESS RETAINAGE (____%)	_____
<b>TOTAL</b>	<b>\$ _____</b>
LESS PREVIOUS PAYMENTS	_____
<b>AMOUNT THIS CERTIFICATE</b>	<b>\$ _____</b>

**CERTIFICATION BY CONTRACTOR:** According to the best of my knowledge and belief, I certify that all items and amount shown on the face of this Application are correct, that all work has been performed and material supplied in full accordance with the terms and conditions of the Contract, and that all just and lawful bills against me and my Subcontractors for labor and equipment employed in the performance of this Contract have been paid in full in accordance with the terms and conditions.

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

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
 Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_  
 Notary Public: \_\_\_\_\_ Commissions Expires: \_\_\_\_\_

**CERTIFICATION OF ARCHITECT/ENGINEER:** I certify that I have checked and verified this Progress Payment Application; that to the best of my knowledge and belief the above application is a true statement of the value of the work performed and the materials suitable stored on the site; that all work and materials included in this Certificate have been inspected by me or by my authorized assistants; that all work has been performed and materials supplied in full accordance with the terms of this Contract, and I approve for payment the amount noted above.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Architect/Engineer

**REVIEWED AND RECOMMEND FOR PAYMENT BY OWNER'S REPRESENTATIVE**

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Associate Director