

RFQ Title: Fire Protection and Life Safety Consulting Services
RFQ Number: FSO-2018-3-JMG

Attachment 7
Request for Payment Form



Request for Payment

| | |
|--|-------------------------------------|
| Project Name: _____ | Master/Contract #: _____ |
| Location of Project: _____ | Amendment #: _____ |
| Project Manager: _____ | Period of Service: _____ |
| Project/FM #: _____ | Contract Expiration Date: _____ |
| CFR # (if applicable): _____ | PM Telephone #: _____ |
| | PM Email Address: _____ |
| Invoice Remittal - Contractor Information | |
| Contractor Name: _____ | Federal Employer Id # (FEIN): _____ |
| Address: _____ | Invoice #: _____ |
| City/State/Zip: _____ | Invoice Date: _____ |
| Contact Person: _____ | Contractor Telephone #: _____ |
| | Contractor Email Address: _____ |
| Work Description/Notes: | |

- | | |
|--|------------------------|
| 1. Original Contract Amount for Phase or Task: _____ | |
| 2. Amendments (Adds/Deducts): _____ | |
| 3. Subtotal: _____ | |
| 4. Total Billings to date for Phase or Task: (Line 5+ Line 6) (Gross) _____ | |
| 5. Less Amount Previously Billed (Gross): _____ | Retention Held to Date |
| 6. Billing This Period (Gross) _____ | (Including Line 7) |
| 7. Less 10% Retention (10% of Line 6): _____ | |
| 8. Amount to be Paid (Line 6 - Line 7)(Net): _____ | |

Contractor Signature: _____ **Date:** _____

| JUDICIAL COUNCIL USE ONLY | | | | | | | | |
|---------------------------|-----|-------------|------------|----|-----------|--------|---------------|------------|
| FUND | PCC | OBJECT CODE | COURT CODE | FY | ORACLE ID | AMOUNT | ORACLE LINE # | ORACLE DN# |
| | | | | | | | | |
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|--|-------------------|--|
| <i>I hereby certify that the Goods/Services Invoiced herein were satisfactorily received, performed and hereby authorized payment.</i> | | Final Invoice? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Judicial Council Staff Print Name _____ | | |
| Judicial Council Staff Signature _____ | Date _____ | |
| Judicial Council Fiscal Analyst Print Name _____ | | |
| Judicial Council Fiscal Analyst Signature _____ | Date _____ | |