



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#

<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	