|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contractor Name:** | ① |       | **Federal ID#:** | ② |   -      |
| **Remittance Address:** | ③ |       | **Date:** | ④ |       |
|  |  |  | **Contact Phone #:**  | ⑤ |       |
|  |  |  | **Contact Email:** | ⑥ |       |
| **UCSD Contract No.:** | ⑦ |       | **Request No.:** | ⑧ |       |
| **Project & Plant Acct #:** | ⑨ |       | **Period To:** | ⑩ |       |
| **Project Name:** | ⑪ |       |
|  |  |  |  |  |  |
| ⑫**Item** | **Description – Attach Additional Pages As Needed** | **Total Cost** | **% Complete To Date** | **Total Complete To Date** |
|       |       |       |       | $ 0.00 |
|       |       |       |       | $ 0.00 |
|       |       |       |       | $ 0.00 |
|       |       |       |       | $ 0.00 |
|       |       |       |       | $ 0.00 |
|       |       |       |       | $ 0.00 |
|       |       |       |       | $ 0.00 |
| ***LIST CHANGE ORDERS. DO NOT LIST CHANGE REQUESTS. ATTACH ADDITIONAL PAGES AS NEEDED*** |
| Number: |       | Date: |       |       |       | $ 0.00 |
| Number: |       | Date: |       |       |       | $ 0.00 |
| Number: |       | Date: |       |       |       | $ 0.00 |
| Number: |       | Date: |       |       |       | $ 0.00 |
|  |  |  |  |
| ⑬ |     | **% OF WORK COMPLETED IN CALIFORNIA** | **TOTAL** | $ 0.00 |
|  |  |  |  |  |  |  |
| **UCSD SIGNATURES** | ⑭ | **CPM USE ONLY** |  | **Original Contract Amount:** | ⑮ | $ 0.00 |
| **Project Inspector Signature/Date:** |  |  | Net Change by Change Orders: | $ 0.00 |
|  |  |  | Contract Sum to Date: | $ 0.00 |
| **Project Manager Signature/Date:** |  |  | Total Completed & Approved: |       |
|  |  |  | Amount Paid to Date: |       |
| **Fiscal Signature/Date:** |  |  | **TOTAL AMOUNT DUE THIS INVOICE:** | **$ 0.00** |
| ⑯The undersigned Contractor hereby represents and warrants to University that all Work, for which Certificates for Paymenthave previously been issued and payment received from the University, and is free and clear of all claims, stop notices,security interests, and encumbrances in favor of Contractor, any Subcontractor, and any other persons or firms entitled to make claims by reason of having provided labor, materials, or equipment related to the Work. |
| I |       | hereby declare that I am the |       | of Contractor that |
| submitting this Application for Payment; that I am duly authorized to execute and deliver this Application for Payment on behalf of Contractor; and that all information set forth in this Application for Payment and all Schedules attached hereto are true, accurate, and complete as of its date. I declare, under penalty of perjury, that the foregoing is true and correct and |
| this declaration was subscribed at  |       | , |       | , | State of  |       |
| on  |       | . |
| **Signature:** |  |  | **Print Name:** |       |
| (Sign In Adobe Once File is Converted to PDF) |  |  |