

Contractor Name:	① ACME Corporation	Federal ID#:	② 12-6546587
Remittance Address:	③ 5646 University Way San Diego Ca 96548-6548	Date:	④ 1/25/2017
UCSD Contract No.:	⑦ A4B-079	Contact Phone #:	⑤ 858-654-6846
Project & Plant Acct #:	⑨ 4896/954898	Contact Email:	⑥ billingperson@ACMECorporation.com
Project Name:	⑪ Muir Biology Third Floor Renovation	Request No.:	⑧ 2
		Period To:	⑩ 12/31/2016

⑫ Item	Description – Attach Additional Pages As Needed	Total Cost	% Complete To Date	Total Complete To Date
1	Drywall	\$5,965.00	100.00	\$5,965.00
2	Graphics	\$8,178.00	0.00	\$ 0.00
3	Electrical	\$2,950.00	0.00	\$ 0.00
4	Jobsite Management	\$4,866.00	75.00	\$3,649.50
5	Insurance	\$264.00	100.00	\$ 264.00
6	Fee	\$2,222.00	52.00	\$1,155.44
				\$ 0.00

LIST CHANGE ORDERS. DO NOT LIST CHANGE REQUESTS. ATTACH ADDITIONAL PAGES AS NEEDED

Number:		Date:		0.00	\$ 0.00
Number:		Date:			\$ 0.00
Number:		Date:			\$ 0.00
Number:		Date:			\$ 0.00

⑬ 100 % OF WORK COMPLETED IN CALIFORNIA

TOTAL	\$11,033.94
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UCSD SIGNATURES ⑭	CPM USE ONLY
Project Inspector Signature/Date:	
Project Manager Signature/Date:	
Fiscal Signature/Date:	

Original Contract Amount: ⑮	\$24,445.00
Net Change by Change Orders:	\$ 0.00
Contract Sum to Date:	\$24,445.00
Total Completed & Approved:	\$11,033.94
Amount Paid to Date:	\$0.00
TOTAL AMOUNT DUE THIS INVOICE:	\$11,033.94

⑯ The undersigned Contractor hereby represents and warrants to University that all Work, for which Certificates for Payment have 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 John Doe hereby declare that I am the Project Manager 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 La Jolla, San Diego County, State of California on January 31, 2017.

Signature: _____
(Sign In Adobe Once File is Converted to PDF)

Print Name: John Doe